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A MONTHLY JOURNAL OF  
MEDICAL, SURGICAL ~~AND~~ SANITARY SCIENCE.

J. P. MILLS, M.D., Editor.

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VOLUME III.—1878.

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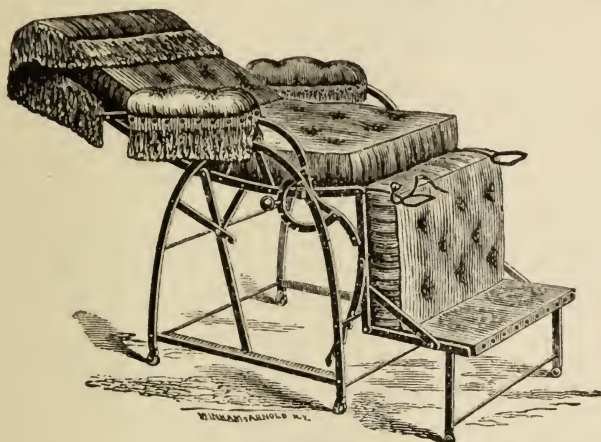
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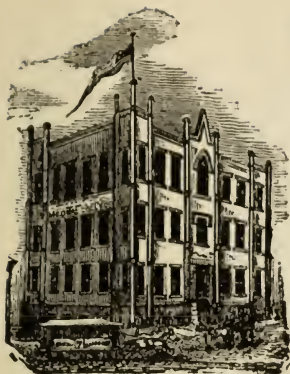
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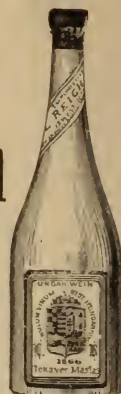
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THE RULE OF SIDES.

CONSTANTINE HERING, M.D., PHILADELPHIA, PA.

The following is an abridged statement of a number of researches, which occupied my mind during more than forty years of my life, and which may be better understood if given in historical order.

My principal objection to homœopathy, and the main argument in a treatise which I was writing against it (1822), was the question addressed to Hahnemann and his adherents: What is to be understood by your term "similar"? This is too vague an expression to be allowed to pass in science! What is your definition of your similarity? The mathematicians term what is of the same quantity, *alike* (æquale); and what has the same conditions of form, *similar*

(simile). But what is your difference between alike and similar? You cannot tell! Further, you say the effects of medicines, even in the smallest doses, are much stronger than the diseases. What gives them such a peculiar power? We daily see common diseases, as gout, leprosy, etc., go on through life unchecked, and the effects of drugs, medicines or poisons, pass away without leaving a trace. Finally, you explain the cure through a remedy chosen on account of its similarity, by its later or secondary effect, which you say is directly contrary to the first or primary effect. At the same time it must be admitted that such a thing can only happen when there exists such a directly con



trary state; and (Organon § 64) "if there exists no state in nature, that is directly contrary to this primitive effect," "it appears" "the vital power then seeks to gain the ascendancy by destroying the change (suchen sich zu indifferenziren)." We may well say "it appears" Hahnemann "seeks to explain his law of cure without succeeding. The vital powers have according to this, not only to produce something directly contrary, if there is such; but if there is none, they must be satisfied with bringing it to the point of indifference, and several such actions all at the same time as if dictated. How many things nature has to do, if a drug produces a chill followed by a fever—which latter is directly contrary in temperature—and afterwards a sweat—directly contrary to the dry skin during the fever? It seems as if here all the absurd contraries of Galen were united, only they are turned inside out. Thus I considered all this, arbitrary assertions, and the similarity a bag of "sheep-skin" which might be stretched one way or the other.

In order to crown my treatise—which I had not the slightest doubt would kill homœopathy right off—I had of course to wind up with a series of cases and most careful experiments. Alas! what became of all my mathematical and philosophical objections? They flew like chaff before the winds.

It is enough to say that after a hard struggle, lasting more than a year, I was fully enlightened and driven by a sufficient number of clear facts to

adopt the new art and all and every practical rule of Hahnemann, and my treatise remained, of course, unprinted.

During the following happy year, I was already led to remark that there were two kinds of similarity, if we may so express it: a true and a false one, *i. e.*, a curative one, and another not curative. Drugs very nearly related to each other, and chemically very similar, produced symptoms of course, very nearly the same. Thus the symptoms of the one were similar to the symptoms of the other. But notwithstanding all this similarity, they were not antidotes to each other! Here was a law of nature, with its practical, unfailing applicability, and there was not only an exception, but a contradiction! For instance, *Nux vomica* and *Ignatia amara* were botanically nearly related, chemically nearly the same—a discovery made in 1818, long after Hahnemann had already collected his provings of both. Still they were not antidotes to each other, in spite of the greatest similarity not only of one-half of their symptoms, but especially of such as were the strongest, most predominating and *pathologically most important*. But *Pulsatilla*, a plant which botanically and chemically stood at a great distance, could be an antidote to *Nux vomica* as well as to *Ignatia*; likewise *Chamomilla*, equally distant from all the former, was an antidote to any of them. What was here the case with antidotes, could of course also take place with regard to the similarity of

symptoms, between the symptoms of the sick and the symptoms of the drug. And as we had continually to look for similarity, as the mariner to the needle of his compass, it was of the highest importance for our art to distinguish between the curative similarity and the not curative, the right one and the misleading one.

Holding fast as to an axiom, that throughout nature all and every action required a contrary action of at least equal strength to be annihilated, thus only something opposite could make a cure—seeing daily that medicines cured morbid affections, neutralized them, as it were, by magic—the only temporary satisfaction was to suppose an opposite action of the so-called power of life, analogous to the production of the complimentary colors in the eye. After looking at red, a green spectre appears; after yellow, a violet, etc., etc.; but, alas, again! the appearance of these subjective colors allowed quite a different explanation! I had to give up all such experiments and attempts, on account of the accumulation of impeding questions, leave them to the natural philosophers, and return to the effects of drugs on the healthy and on the sick. Soon after, I was obliged to drop Hahnemann's doctrine of using only the primary effects to cure the sick, altogether, and declare myself against it; the separation of the primary effects from the secondary appeared more and more an impossibility, and the use of the so-called secondary symptoms proved to be by far the

most important. Hahnemann himself silently adopted the same view, and in his *Chronic Diseases* he made, in *Conium* for instance, no such difference. But his theory, that the contrary action of life extinguishes the morbid symptoms, fell to the ground as soon as he admitted the use of the secondary symptoms.

Where now was the counterbalance necessary, according to the axiom, to restore the equilibrium of health? Was not the true, the curative similarity, such a one where the drug had an indispensable opposite? and might not the other, the not curative similarity, be one without it?

Proving the *Sabadilla* in 1824, and in doses up to thirty, forty, and fifty drops of the strongest alcoholic tincture, I was struck by the singular conformity of several symptoms going from the right to the left side, or passing through from right to left. It recalled to my mind the old observation of a case of poisoning by *Aconite* reported by *Mathiolus*, who in 1561, made an experiment with a robber condemned to death, which was permitted in order to try the *Bezoar* as an antidote. The poisoned young man observed a torpor-like paralysis in the left arm and leg, which suddenly disappeared and befel the right side. (Symptoms 132 and 140 of the second edition of Hahnemann's *Mat. Med.*, 1822). This peculiar contrariety between the *Sabadilla* and *Aconite*, I supposed might be a characteristic of the natural families of *Colchicaceæ* and *Ranunculaceæ*. Supposing it a

possibility that certain natural families of plants, and of course also similar chemicals, might have such general characteristics in their effects, I remained on the lookout.

The yearly meeting of the natural philosophers of Germany, took place in Dresden, in the fall of 1826, while I prepared myself for my scientific mission as a traveler to South America. Professor Oken, the founder of the society, was the lion of the day, at least in my eyes. A paper was read from a traveler in Brazil, about the turning of some plants in a spiral to the right or the left. Oken was loudly and enthusiastically called upon the stand, to explain the matter, or give his philosophical opinion upon it. He finally came forward and said: "Gentlemen, right and left in nature is one of the greatest mysteries. I know nothing about it." With this impression on my mind I left my fatherland a few days afterwards, and went to South America.

Having discovered during my exploring trips (1827) that all lightning moves not in a zigzag line, but always in a spiral; and not only that, but also in a spiral *which turns to the right*, supposing this to be the motion of all positive electricity (1828), it explained the turning to the right of the embryo of the snail, swimming free in the egg, it being a positive body, because it receives the negative oxygen in breathing. Supposing it might even lead to find a reason why all the planets turn to the right. Still I could not make much practical application of this to

homœopathy, until I had drawn the following conclusions:

After comparing all our drugs with regard to the time of day, I found that alkalies or positive electric substances had, as the acme of their coughs, the hours after midnight, during morning and forenoon; while the acids or negative electric substances had their more violent coughs after noon, during the evening and before midnight; and further, that with the active expulsive diarrhœa it was exactly the reverse, all the negative electric substances had in the morning hours, and all the positive electric in the afternoon.

Thus in the cycle of the daily actions, commencing after midnight, *alkalies acted from above downward*, first on the chest and afterward on the abdomen; acids, on the contrary, acted in the morning first on the abdomen, and afterward on the chest, or *from below upward*. Thus the first "with the sun," the others "against the sun," as the common people say. Here a general characteristic was discovered of the two main divisions of elements, a characteristic where the symptoms of the drug and of the case ought to be alike. After ten years of continued careful observations with regard to the hours of the day and the electric nature of the drugs, I published a short report of it, calling the attention of all observers to this remarkable rule. *North American Homœopathic Journal*, Vol. I., page 41, 1851.

Every drug thus might also have a prevailing tendency to move, if not in



all, at least in some of its symptoms, either from right to left or from left to right; and it was very likely that drugs being positive electric substances, or containing predominating alkalies, viz., narcotics, would be inclined to move from the right side to the left; and negative electric substances, acids or acrids, from left to right; and if so, *they ought only be given in such cases of sickness as had moved or were moving in the opposite direction.*

According to this Aconite would not cure a case of torper or apoplectic lameness, which occurs first on the left and afterward on the right side, in the same way in which it occurred in the criminal as reported by Mathiolus; but would only be the true curative agent in otherwise corresponding affections going from the right towards the left side. *Sabadilla*, acting from right to left, would only be the curative agent in complaints moving from left to right, etc.

It was not until lately that my particular attention was called to the real agreement of this rule of sides with the recently mentioned third rule of Hahnemann, and this only induced me now to lay it before the public after I had followed it in practice for more than a score of years.

If older symptoms have always to be attacked last, and the more recent ones first, this is something opposite to the development of the disease. Why might it not be applied even to cases where an inflammation of the eyes or of the tonsils attacks one eye or one tonsil first, and the other after-

wards; and why should not a drug have the preference which moves through the system in an opposite direction? That is if the symptoms have moved from right to left, to give a medicine which acts from left to right, and *vice versa*.

As in all matters of this nature, we have to appeal to experience in general, it would be of the highest importance for our theory, and often useful to the practitioner if this rule should be corroborated and sustained by other observers.

Every practitioner is urgently requested to communicate such cases where in acute or chronic diseases, headaches, eye complaints, erysipelas in the face, inflammation of the tonsils, of the pleura, or the lungs, rheumatism, especially the acute cases, or gout or spasmodic affections, etc., the symptoms had commenced on one side of the body, and gone or commenced to go to the other side, *cases where one drug*, but of course only one, given alone, neither mixed nor in alternation with others—even after other medicines have been given without success—*cured a case nearly or altogether*. Only such cases as had been put on paper at once, ought to be referred to, not cases from recollection, because the best memory cannot be trusted in such matters, also not cases reported only by other persons, as people are very apt to change sides in repeating.

A collection of such cases, even a small number of observations, made without any regard to this or any

other theoretical rule, would be of much more importance than the large collection made after this rule had been adopted. The question has to be settled, not only with regard to large classes of drugs, but has to be decided *with every single drug*, with symptoms produced as well as symptoms cured; and not only this, it is very likely that some drugs may act in both directions, or may have some symptoms only in one direction, and others in the opposite.

Our materia medica contains very

little in this respect, and it is not of much use to give all the symptoms observed as having passed one way or the other. The true manner of proceeding, if we wish to settle the question, is to form a collection of cases elucidating or contradicting the rule.

Provers, if they take only one moderate dose, ought to observe, with more care than hitherto, the sides of the body. The only prover who has done this in all his provings is Dr. Jeanes.—*Hahnemannian Monthly*, Vol. i., No. 2, page 49.

### COFFEE AS A BEVERAGE.

H. L. GODDEN, M.D., PETERSBURG, ILL.

Stapf well characterizes the primary effect of coffee as "A pathological excitant of all the organic functions. When coffee acts moderately upon the healthy organism the irritability of the organs of sense are morbidly increased, the visual power becomes more acute, the hearing more sensitive, the taste is finer, the sensorium is more vivid (hence increased susceptibility to pain), the mobility of the muscles is increased, the sexual desire is more excited, even the nervous activity of the digestive and secretory organs is increased; hence a morbid sensation of excessive hunger, increased desire and facility of alvine evacuations and for the emission of urine. To what an extent the nervous and animal activity of the organ-

ism is increased by coffee appears, from the sleeplessness which it excites in various shades and degrees, from the peculiar pathological excitation of the mind and soul, and the febrile warmth which it causes to an evident extent."

From this it appears that Stapf considers coffee a stimulant of a high grade. It is almost an aphorism that the habit of constant stimulation of any part, or of the whole body, weakens that part or the whole. Nature and her forces become exhausted and, like a tired horse, no longer rouses up when lashed, except soon to fall back more sluggish than before. Instead of quickened functions, all is sluggish and inactive.

What homœopathic physician has

not seen this exemplified time and again as well in regard to coffee as any other stimulant?

The quotation with which I started out considers the unroasted berry, but how is it when the berry is roasted, or burned, as it more commonly is; methylamin is developed, and this would seem to add still more to its stimulating action and to its injurious effects. All stimulants in common with coffee affect nervous, susceptible persons more injuriously than others, hence the habitual use of coffee is especially damaging to women and children.

Coffee is distinguished from other stimulants by its producing a sluggish action of the digestive tract sooner than they, and in a more marked degree. From this fact, women of nervous temperament, at least, ought to use it very sparingly, if at all, as it would tend to aggravate what is too common among the sex already, viz., constipation, with all its attendant evils. Children most assuredly ought

not to use it, because by the very nature of their growth there is a healthy stimulation of all the functions of life, and to give any additional stimulus is to weaken the powers it is necessary to keep in a healthy condition that the man may be a man and not a creature imperfect in mind and body.

I think there is more reason than mere antagonism which leads the homœopathic physician to interdict the use of coffee during medication.

I find more difficulty in treating cases, from the entire dependence upon coffee, and the entire prostration caused by its removal, than from whisky or tobacco; and I find more complaints arising from its use than from them both.

Is it not our duty then as physicians to use our influence to discourage its use as a beverage; for is not the very slight benefit gained by the nutriment more than balanced by the injurious effects of its stimulating properties?

#### A CANARY BIRD CURED BY PHOSPHORUS.

A lady consulted me about three months ago in regard to a pet canary bird, that she informed me had not sung for a year or more. There was entire loss of voice with difficult asthmatic breathing, and the efforts that the bird made to sing were painful to witness. I gave her a few

globules of Phosphorus 200 and advised her to mix it with the seed, which was done, and in less than one week's time the bird had nearly regained its voice, and at the present time (April 23d,) he sings as sweetly as ever.

*Boston.*

*Geo. H. Paine.*

## STRANGURY AS AN EARLY SIGN IN FIRST PREGNANCIES.

W. A. EDMONDS, M.D., ST LOUIS, MO.

*A Paper presented to the Joint Convention of the Western Academy of Homœopathy and the Ohio State Homœopathic Medical Society, held at Cincinnati, May, 1878.*

I propose in a very brief manner to record my experience, under the above caption, on a subject of which I do not find any distinct mention in the books. Of course the books do make mention, in a general way, of urinary disorders as incident to the state of pregnancy, such as "frequent calls," retention, incontinence, etc. But I find nowhere allusion to what is technically known as "strangury" as a "sign." The peculiarity of the observation which I think personal experience authorizes me to make is, the occurrence of this as one of the very first signs, immediately after marriage of young virgins, as a symptom of pregnancy. When thus presenting itself it usually takes precedence of all the other and more usual signs, such as, "morning sickness," enlarged breasts, discolored nipples, and failure to menstruate. Recently-married people, especially very young ones, are usually on the alert as to the occurrence of anything which they may suppose attributable to the rights, functions, and usages of the recently formed relations, and readily become anxious or alarmed for fear some hurt or injury may have been accomplished as the result of freedom or violence in indulgence. In my early professional experience I

usually supposed the symptom to be the result of excessive indulgence, operating upon somewhat sensitive parts; and particularly the local friction, inducing irritation or slight inflammation of the meatus urinarius. The advice given in such cases was, to take a warm hip-bath at bedtime with abstinence from sexual activity until relief took place. Having quite a number of such cases in close succession it became noticeable that they nearly all missed the next menstrual period, and immediately thereafter the other usual signs, such as, nausea, swollen breasts, constipation, freakish appetite, set up—in short, my patients proved to be pregnant. Later and more extended experience has fully confirmed me in the observation and conclusion that strangury, in the case of a recently-married young virgin, is very frequently the very first but a very reliable sign of pregnancy.

It will be noticed that the symptom is described as peculiar to recently-married young virgins. I have not found the symptom at all peculiar or frequent in older women, even in first pregnancies, nor in any pregnancies subsequent to the first. When a bridegroom comes to consult me in behalf of his young bride within the first ten or fifteen days after marriage,



with the announcement that she is tortured with an almost incessant desire to pass urine, which is odiferous, highly colored, in very small quantities, acrid and scalding; that there are alternations, repeated at short intervals, of heat and chilliness of the whole body; sleeplessness; more or less headache; constipation, with dragging weight and pain in the sacral and lower abdominal region, I usually feel authorized to offer a state of pregnancy as the solution of the matter. Such an opinion, to such parties, under such circumstances, is usually a matter of surprise, is an unwelcome information—to be treated with doubt or skepticism, until the next menstrual period comes to the rescue in behalf of professional judgment. In this description of symptoms, others, con-

current and concomitant, are mentioned, but the strangury will be found to have such preeminent qualities, as to precedence and vehemence, as to make it *the symptom* of the group, and render the others secondary or supplementary. This early and somewhat distressing symptom is usually of short duration, and seems to subside as the ordinary signs and symptoms come to the front to take their accustomed place. I have no theory to offer in explanation of the peculiarity of manifestation here described.

I believe the fact well confirmed by observation, and take this opportunity of calling attention to the subject to the end that others may make observation confirming or refuting the information here given in the interest of scientific truth and investigation.

## A CASE OF ENCYSTED DROPSY OF THE PERITONEUM, SIMULATING OVARIAN CYST.

WM. TOD HELMUTH, M.D., NEW YORK.

[Professor of Surgery in New York Homœopathic Medical College.]

When we consider ~~the~~ actual capacity, by measurement, of that compartment of the human body, bounded above by the diaphragm and below by the perineum (properly so-called,) a thought that must strike us forcibly, is the beauty of the packing, or the curiously compact manner in which so many organs are arranged together, in so limited a space. It is indeed a wonder—not easily under-

stood—that these same organs, in absolute contact, can perform their independent functions without interference with each other, at the same time rendering each its service to the harmonious maintenance and growth of the whole structure.

There is also another consideration that does not always receive the thoughtful attention it deserves, and which accounts for many difficulties

surrounding the recognition of diseases of the abdominal organs, and that is, the capability of distention and relaxation, possessed in both health and disease, by the boundaries and contents of this wonderful compartment. At every respiration; at every change of position, or in the ordinary movements of every-day life, the capacity of the abdomen varies. The diaphragm is elastic; the abdominal walls are capable of great distention; the stomach is a bag sometimes full, and at other times quite collapsed; the thirty feet of intestines, as they meander from the topmost boundary to the inferior portion and outlet of the cavity, may be collapsed to a membrane, or inflated like a balloon; the bladder may extend itself to the umbilicus, or sink into insignificance behind the pubes; the uterus is a marvel of mobility, expansion and contraction, which, taken in addition to the known abnormal tendencies of the more solid organs to hypertrophies and cystic degenerations, and the varied conditions of the serous sac, by which the organs are mostly enveloped, will render an obvious, nay more, a most satisfactory explanation of the difficulties which surround the diagnoses of many abdominal swellings and tumors, especially in the female.

It is a knowledge of these facts, that have led the most distinguished gynæcologists to be so careful in the expression of their opinions in the more obscure cases that fall under their supervision, and to acknowledge

that the more intimately they become acquainted with their specialty the more they are impressed with the necessity of such precaution.

The very fact, that exploratory incisions (themselves not by any means free from danger to life, but often fraught with it,) are recommended as necessary to establish certain diagnoses, is but another sure indication of the uncertainty of those things of which we speak.

To a careful observer, even the most positive objective symptoms are often deceptive. Among these, that most apparent one, fluctuation, may mislead even those possessing the *tactus eruditus* in an extreme degree. In my own experience, it has been found in fatty tumors, in elephantiasis of the labium, in fibroma of the uterus, in cysts containing air, and other pathological formations. Dr. Thomas relates a remarkable case of this kind; after having mentioned one in which "fluctuation was clear in a cystic sarcoma," he says: "On another occasion I had a patient presenting all the usual signs of fluid ovarian tumor so perfectly that Drs. Peaslee, Loomis, Budd and myself, had no doubt as to the diagnosis. Upon incision and tapping no fluid flowed, and I removed a cystic sarcoma of fourteen pounds weight. As it lay upon the table, after the operation, it was examined by a number of physicians, and nothing could convince them, even then, that its contents were not fluid, except section of the mass." But it is out of place to mul-



tiply quotations; they belong to the literature of surgery. Those who are acquainted with it, know of them; those who are not, might do well to become so, before they attempt criticism.

The case I am about to record I think is remarkable, inasmuch as it presented, in many particulars, the symptoms of *cystoma ovarii*, and proved, upon an exploratory incision, to be an encysted dropsy of the peritoneum, occasioned by tuberculosis of the mesentery, and because it did not present many of the symptoms which are laid down as diagnostic of this peculiar and rare pathological condition.

Mrs. R., aged thirty-nine years, was sent to me from Jamaica, L. I., for examination and treatment. She had always enjoyed good health, and was a hard working woman. After the birth of the last child, she had, as she said, a severe fever, with abdominal pains and was ill for three or four weeks. She had never been perfectly well since that period, and for the past year had been gradually failing in health.

The *status præsens*, (as our German friends print on their anamnesis papers,) at the time, was a peculiar emaciation of face and neck, which led to the supposition that her trouble was ovarian; but now it strikes me—knowing the sequence—that though the *facies* was apparently well marked, the color was not natural; it was rather “parchment-like” and yellow, more resembling the complexion of those, who, after the removal of cancerous growths, exhibit the signs of

diffusion or dissemination of the disease—’tis hard to describe, but easy to remember. About a year ago, she observed a swelling in the left iliac fossa, which appeared to increase slowly. There was, during this time, a general feeling of “unwellness,” and some sensitiveness of the parts around. I dwell particularly on these latter symptoms because she was positive as to the appearance of the swelling and its continuance until August, when the abdomen began to enlarge, and when I saw her on the 13th of October she presented the appearance of a woman at the seventh month of pregnancy. Her abdomen was conical, the lower portion of the chest protruding, with dullness over the entire surface of the tumor, and resonance at the flanks, especially of the right side. Her menstruation had been irregular, but not painful; the lower abdominal veins were enlarged. There was no anasarca; change of position did not materially alter the contour of the abdomen, though in the perfectly supine position there was slight flattening. The superficies of the abdomen was smooth and symmetrical—not a nodule being any where found—and there was no fluctuation in the cul-de-sac of Douglass. Upon a second and still more careful examination, although no bulging could be found in the median recto-uterine pouch, a little behind the right broad ligament or in the recto-ovarian pouch of Sappey, there was a “boggy feel.” When, however, she arose from the dorsal decubitus, the recti being contracted, *there was considerable bulg-*

ing between them, and it was this especial symptom that bothered me, knowing it to be one of the symptoms of peritoneal effusion. I therefore drew off a portion of the fluid and had a part thereof placed under the microscope, and a portion subjected to the usual tests for albumen; that substance was found in large quantities, and I saw, or rather thought I saw, distinctly granular bodies in the portion placed under the lens. I believed them to be Drysdale's corpuscles. These symptoms together with the absence of any organic disease of the heart and liver, although they at once, by exclusion, set aside ordinary ascites and proved that there was encysted fluid above the superior pelvic peritoneal space, did not satisfy us in regard to the true nature of the case, and therefore after several consultations, it was decided that an exploratory incision was the only means of arriving at a correct diagnosis.

The incision was accordingly made, and after dividing the linea alba a reddish semi-transparent membrane much thicker than ordinary peritoneum, presented itself. It was every where adherent to the adominal walls, and upon breaking up a few of these adhesions they proved to be vascular. Through this thickened peritoneum, a large trocar was thrust, and about a gallon of fluid removed, a good deal of it necessarily escaping by the side of the trocar. The opening was then enlarged and the patient rolled over on her side to facilitate further drainage. Upon introducing

the fingers into the rent, the pelvic viscera were found bound down to the walls of the pelvis, while anterior portion of the small intestines were free and appeared to float in the fluid that remained. The incision in the peritoneum was stitched carefully with fine catgut and the abdomen closed in the usual manner.

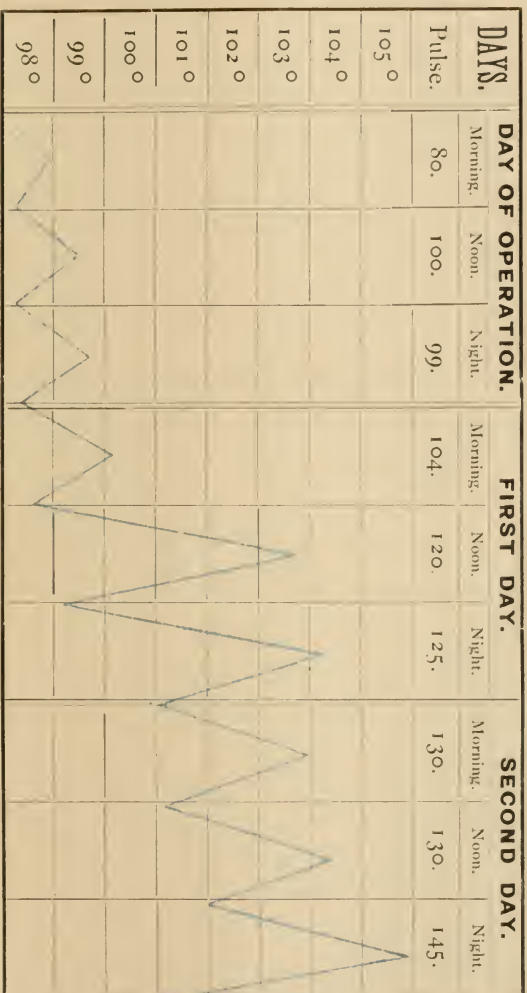
Care was taken not to handle the intestines more than was absolutely necessary, and after having taken precautions in antiseptically dressing the wound, she was put to bed. She rallied remarkably well, and there was no vomiting, on the next day the temperature rose, and she died on the second day. The thermograph gives the history. (See opposite page).

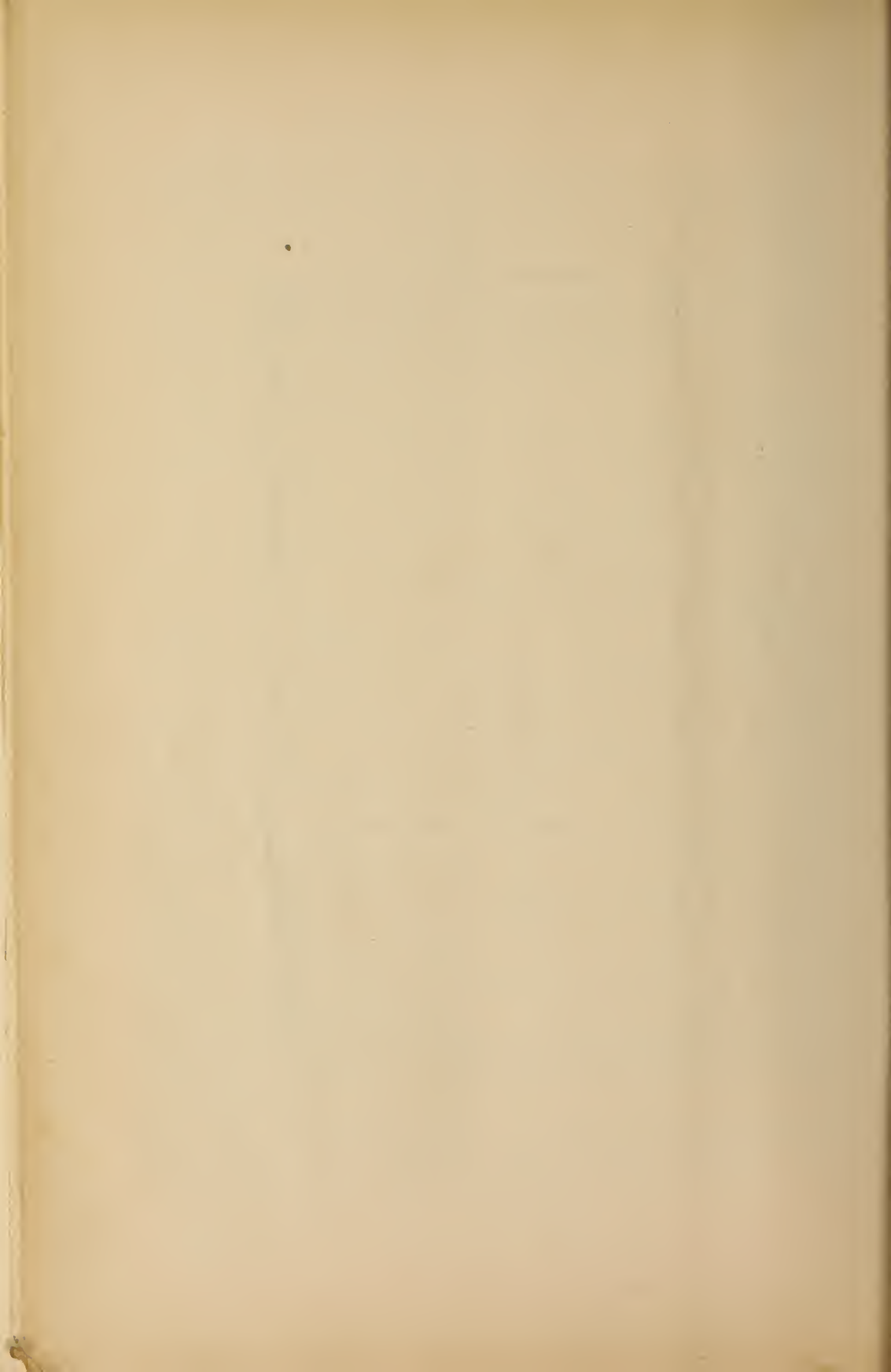
An autopsy, which unfortunately had for several circumstances to be rather hurried, revealed many adhesions in bands and loops extending from the colon to the peritoneum. The pelvic viscera were matted together, with a great amount of tuberculous deposit in the mesentery, which was also shrunken, friable, and in many points, "cheesy," resembling, in fact, a true cirrhosis (peritonitis deformans). The fluid was completely encysted, and there was no disease whatever of the uterus or ovaries.

This case appears worthy of record:

1. Because encysted dropsy of the peritoneum, especially above the sub-peritoneal pelvic space, is a rare affection.

2. Because many of the symptoms were not those generally said to be diagnostic of such a condition.







In the majority of cases of chronic pelveo-peritonitis, whether or not occasioned by tuberculosis, the effusions take place in the lower space, and of this I have seen an interesting case, associated with hard cancer of the uterus. The fluid collected in the cul-de-sac of Douglas, was evacuated readily by a very small trocar, and the next night the patient died, this is contrary to the experience of \*Brickell, but I am persuaded that in pelvic effusions, unaccompanied by cancerous or tuberculous disease, the result of the withdrawal of the fluid is more satisfactory.

Peaslee says of encysted dropsy: "This is an extremely rare pathological condition," and by referring to his carefully prepared chapter on differential diagnoses, many of the symptoms there laid down, will be found entirely absent in the present case.

Ziemssen lays much stress on the "sensitiveness" that presents, although he grants that it may be "exceedingly slight, or altogether wanting." He says, also, further on, "in cancer of the peritoneum, and omentum, the cancerous nodules, may sometimes be felt in the exudation surrounding them, yet these very cases bear an extraordinary resemblance to irregular multilocular ovarian cysts, which lie in a copious ascites." And again he says: "If, through the diagnostic points already given, it has been ascertained that the

collection of fluid in the abdomen is encysted, the presumption is in favor of its being an ovarian cyst, since other forms of encysted fluid are much less common."

In the *Obstetrical Journal of Great Britain*, for April, 1874, is recorded three cases of this peculiar condition, which were diagnosed by the surgeons to the Samaritan hospital, as ovarian cystoma. In one of these, Mr. Wells diagnosed an extra-ovarian cyst, *all were tapped and all died.*

Dr. Routh, the senior surgeon to the hospital, who gives the record, thus finishes his paper: "These three cases, although all unfortunate, illustrates this point in practice, that where you have adhesions of the colon, and especially if *the induration is more marked on the one side than the other*, (italics ours,) it is extremely difficult, if not absolutely impossible, to diagnose the pseudo cyst, from a real ovarian or extra ovarian cyst."

Morgagni also recognizes this variety of dropsy, for in his *Essay on Diseases of the Belly*, vol. ii., book iii., p. 350, he says, "But others (dropsies) are of a different kind, as that described by the celebrated Anhoinius, an almost incredible quantity of fluid being confined *between the peritoneum and the omentum which had become very hard*, in a woman whose face, considering her emaciated state of body, was of a pretty good color, and whose feet were free from swelling."

Atlees 15th, 16th and 17th cases are instances of a similar character to the one now recorded.

\**American Jour. Med. Science*, April, 1877, p. 358.



## "THE CRITICAL PERIOD."

*To the Editor.*

In the June number of the HOMŒOPATHIST appears an article under the heading, "The Critical Period in Homœopathy.—Has it Arrived?" which is open to criticism from either a conscientious, homœopathic, or logical standpoint. The thought of the author, that a division in the homœopathic ranks is imminent, or has already taken place, would seem to be child to the wish. His written sentiments in the article in question will certainly tend to widen rather than to heal a commencing breach. But to sow dissention in homœopathic organizations seems to be congenial pastime with certain homœopaths. Such proclivities are to be deprecated by all well wishers of the good cause. The history of the school in Philadelphia, Cincinnati, Chicago, and elsewhere, will point out the iconoclasts. In union is strength; and every split in any school weakens the whole cause.

The article itself can have no evil influence among the thinking members of the profession. It is too manifestly unfair, illogical and venomous to deceive or influence intelligent, candid and thoughtful men. But the writings and position of its author might give the article, should it be allowed to go unchallenged, a weight with the unthinking; and afford a handle to our enemies by which they might reasonably accuse us of inconsistency.

Being personally unacquainted with the author of the article, I can safely say that I have no personal feeling or motive whatever, and that principle and love of justice are my only motives in the matter.

The manner as well as the matter of much of the article is bad. It says, "I ventured the prediction that there would soon be a division of the homœopathic school, and that the leaders would rally under the leadership of certain men who may be termed 'fossils,'" etc. Where there is a division there must be two parties. From this statement one naturally wonders which of the parties it is whose "leaders would rally under the leadership," etc.

It says further: "I can now announce that such a separation is on the point of being accomplished, for I have before me a public circular issued by said 'fossils,' and which purports to be a 'declaration of homœopathic principles, or what might be termed the platform of the *seceding* party.'" He then quotes the six resolutions. These resolutions, or declaration of homœopathic principles, say nothing whatever of secession or division. They simply embody the views of the subscribers upon the subjects mentioned. Whence, then, comes his authority for calling them seceders? What words in the resolutions points to division? He has made of himself a prophet, and, in order that he shall

not be a false one, he draws on his imagination for motives for these men, and gives it a name. What he has drawn from the receptacle may be fairly said to indicate the nature of its general contents.

With the fairness characteristic of the whole article, he assumes that because there are "but about one hundred and fifty signers" of these resolutions, therefore, there are no others in the country holding such views. If one hundred and fifty busy men have taken the trouble to sign and mail such a document, not having a personal interest therein, it is safe to say that five times as many indorse in their hearts the sentiments expressed, who may not take the trouble to sign and mail them, not to speak of those who, in press of business, might altogether overlook the blanks.

Further on he says: "But what of the other portion of the homœopathic school? They number nearly *five* thousand!" Because the five thousand are silent, they therefore believe as he does, and call the men who have spoken "fossils" "seceders!" There's logic! There's fairness!

He says "even the veteran Hering is not there." That sentence is the best possible refutation of his illogical conclusion as to numbers; for what physician who has ever heard the venerable, learned, conscientious Hering lecture, or has read his works, will for a moment deny that he subscribes heart and soul to the sentiments expressed in those resolutions? Who

can read intelligently the article from his pen in that same number of this journal, and then insinuate that he is not with those signers? Hering is a bad witness for the enemies of homœopathy.

He takes the resolutions by their number and comments upon them. The first he indorses. The second, which reads, "The changed and morbid conditions of tissues and organs are *results* of a dynamic disturbance, and not the *cause* of the disease," he says "belongs to the 'fossils,'" and indicates that they propose to reject all the grand discoveries of modern science—such as the germ origin of disease, the poisonous effects of sewer gases, the disease producing power of animalculæ and fungi, and the effects of septicæmia and pyæmia; and "if they follow out the dictum of this plank there is no necessity for disinfectants, chemical antidotes, etc. All that a physician of this branch of the school should do in cases of typhoid or septic fever, blood poisoning or virulent infection, \* \* \* is to administer the remedy in the smallest possible dose, and calmly await the result."

The usual fairness of assertion and inference is manifested here again. He knows that all physicians meet poisons with antidotes; foul gases with disinfectants, pure air, and a removal of the cause; and that they all acknowledge hygienic rules. But what have these to do with therapeutics? After all these deleterious influences have been removed or anti-

doted and disease yet remains, then come in therapeutics. And when therapeutics have the field, it is false to say that these men advocate and use the "smallest *possible* dose." They do advocate and use what in their experience is the smallest *curative* dose—the *minimum curative dose*. And, as all drugs are poisons and inimical to animal life, what better rule than to take the smallest quantity of a poison into the system, compatible with a cure?

Again, this question of the germ origin of disease, noxious gases, etc., is a new one, and very unsatisfactory when asked to explain how it is that one organism under its influence becomes diseased, while another under precisely identical objective conditions remains free and clear of disease. Two persons may be exposed to the same contagion under precisely the same circumstances, and one become infected and the other not. Of two persons breathing the same miasmatic atmosphere for weeks, one will be taken sick while the other remains well; or both may be taken ill, and one recover while the other dies. Can it be said that one breathed more of its poison than the other? No; but one has a different constitutional condition from the other. And this constitutional peculiarity is the proper field for homœopathic medicine. The cattle and animals in the neighborhood are exempt because they have no constitutional peculiarity—no inherited artificial morbid condition.

These are sun-burnt truths which ought not to need to be told.

The resolution in question says that "the changed and morbid conditions of *tissues* and *organs* are *results* of a dynamic disturbance, and not the *cause* of the disease." What "tissue" or "organ" is in particular affected by the influences and substances he names? The blood only, which is neither an "organ" nor a "tissue." If an "organ" or a "tissue" becomes affected later as a result of this infection of the blood, is it not in accordance with the sentiment of the resolution? Is it not a "result," rather than a "cause"? But further; is he prepared to say and substantiate the statement that the deteriorated condition of the blood is not itself a result of a morbid impression upon the nervous system? The nervous system governs all animal life. It governs the circulation of the blood; it governs the metamorphoses taking place physiologically within the blood; under its controlling and regulating influence the blood is kept pure, even amid noxious influences. This is why one can breathe the air contaminated by sewer gas, malaria, etc., with impunity, while another with a less healthy nervous system cannot. Is he or is any one prepared to say that the primary effect of these deleterious influences is not first felt by the governing, sensitive nervous system? or that the deterioration of the blood is not a *result* of the morbidly acting governing power? How else explain why it is that one man who takes it



into his blood escapes disease while his companion does not?

Would this influence not be "dynamic"?

"Dynamic" or intangible forces are those which most effectually impress the nervous system. An emotion throws into convulsions and produces death; another emotion cures and produces health. Is that not a dynamic or intangible force? Can he weigh it, compound it, or see it with his microscope, or divide it by his chemical analysis? Can he deny its power?

The scientific literature of the day shows that the advanced allopaths are in advance of this class on the scientific road to truth, and, although all unconscious of the fact, their discoveries all tend to demonstrate the truth of the dynamic theory of both disease and its cure. The evidence is all the more valuable in that they are ignorant of what it is proving. And the "fossils" are away ahead of these scientists; and if these self-styled advance guards of homœopathy ever catch a glimpse of the "fossils" on the road to scientific truth in medicines it will be a view *a posteriori*.

The 3d resolution reads: "The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy." He says "the spirit of this resolution is to reject all empirical proof. In other words, if a physician of undoubted veracity discovers then [when?] a new hitherto unknown medicine will cure certain symptom and conditions and

announces the *fact*, such fact is to be ignored, the medicine rejected because it has never caused similar symptoms in a healthy person." And further on: "That this is not a misstatement, refer to resolution No. 4, which expressly proves its truth."

Resolution No. 4 reads: "The only proper way to ascertain the sick-making properties of medicines is to prove them on the healthy."

What better means can there be of learning the action of medicines than upon the healthy? Certainly not upon the sick. But those two are the only ways open to us. If this part of this remarkable paper means anything, it means that it is "narrow bigotry" to say and believe that the "*best* means of ascertaining the action of drugs is upon the healthy." But this is allopathy, and we have heard it before.

It is not true to say that we reject "empirical" facts. They are valuable, and are all the allopaths and such have to depend upon; they are our clinical facts and symptoms. They are very good; and good homœopaths gather them in as they accidentally stumble upon them, and arrange them in their proper place for use again. But how does all that vitiate the statement of the resolution, that "the *best* way to ascertain the sick-making properties of medicine is to prove them on the healthy"? How does it demonstrate that a physician is a "fossil" because he believes that "the totality of the symptoms is the sole [scientific] indication for the choice of the remedy"? If we do not prescribe



according to the "totality" of the symptoms, shall we take part of them? and if so, which part? Empirical symptoms are well enough in their way, but they would be a very poor foundation for a scientific system of medicine.

It is true, then, that the only scientific and humane way to ascertain the properties of drugs is to prove them on the healthy; and that the only way to scientifically prescribe them for the sick is according to the totality of the symptoms.

In relation to resolution No. 5, which advocates the single remedy and minimum curative dose, he says: "There are complicated diseases which cannot be met by one remedy alone." This is a general statement without one fact to support it, and can consequently be met only by a simple denial. His next sentence is: "It is absurd to attempt to cure one tissue before the other is attacked." In the vain endeavor to get the force and meaning of that sentence, I was almost persuaded that I really was a "fossil." In certain cases he says, "it is logical and scientific to use two or more remedies at the same time, *not in combination*, except in very rare cases, but alternately." To be scientific is to work in accordance with the teachings of law. The teachings of the homœopathic law no where point out the effect upon the healthy of two or more remedies mixed or in alternation. Where, then, is the "science" and "logic" of so administering them to the sick? "Empiricism" does not

help much here. It is poor policy in this enlightened age to call upon logic and science to support error and misrepresentation. They are doing better work.

The sixth and last resolution, deprecates local treatment in non-surgical diseases. There is no sounder principle in medicine, generally speaking. He calls it the "absurdest and most inconsistent of all." He says that "the old doctrine that there are no local diseases, has again and again been disproved." This is another general statement without one fact given in its support. In order to have had weight he should have named at least one "local disease," which was not traumatic. I know of no such local diseases. If he means an ulcer, why does it not heal? Why will an abrasion of the cuticle or a bruise cause in one an ulcer, or even a cancer, while a similar cause will produce no such effect in another? Because one was an unhealthy and the other a healthy individual. Will the removal by cauterization, enucleation, painting with Iodine, etc., of this *expression* of a constitutional morbid condition cure the patient? So of any kind of local condition, whether tumor, chancre, ulcer, exzema, or any of the various external expressions of a morbid constitutional disorder.

These external expressions are Nature's safety valves; and the true physician not only does not close them, but holds them wide open, that the disordering influence may have free avenue of escape. He is no

physician, in the true sense of the word, who closes these avenues chosen by nature for her relief, and thereby produces a deeper, less curable and more dangerous disorder; as paralysis from suppressed syphilis, etc. It is against such external applications these true physicians cry out. And it is false to say that they ignore and decry *all* external applications. All of these men whose opinions on the matter I have heard, advocate and use the external application of hot or cold water, flax-seed or other poultice, to hasten the pointing of an abscess or boil, etc.; Calendula or Calendula cerate, mutton tallow, Urtica urens in burns; and a thousand-and-one harmless, soothing and *non-suppressive* external applications. What they deprecate in such forcible terms is the suppression by external applications of local results of chronic and constitutional diseases.

No conscientious physician who has once seen the terrible effects in paralysis, epilepsy, etc., of the suppression of syphilis and various skin eruptions will advocate such villainous practice.

Further on he says: "Moreover, they (the fossils) say that all abnormal discharges, ulcers, etc., should be treated without local applications. Yet they declare that the law of *similia* is of universal application. If so, why does it not apply to external objective lesion? Each and every caustic drug when applied to the skin produces its own peculiar lesion."

What does he mean by an "exter-

nal objective lesion"? Does he mean the itching eruption of Sulphur, or the stinging one of Apis, or the burning-itching one of Rhus tox? If a bee sting the skin we have the characteristic Apis eruption or "lesion." If the poison ivy comes into contact with the abraded cuticle we have the characteristic Rhus tox. eruption. But is it confined to the spot touched alone? Or, do we not get the same results by taking large doses internally? How, then, is it a "local lesion"?

While there is no doubt that remedies may be administered through the skin and mucous surfaces by absorption, yet it is not the *best* way to administer medicine as a rule. Food and drink may be administered per anum and through the skin, but what sane physician or what patient of good taste would select this mode? There is no doubt that remedies act curatively when "rubbed in," but who will claim that it is by their direct effect on the portion of the surface upon which they are applied? They act by being absorbed into the organism, and impressing the nervous system, just as do remedies administered in the natural way by the mouth.

The spirit of the whole paper seems to be to throw a sop to the allopaths, as is evidenced in the last paragraph. This, when taken together with the groundless prophecy of the first article, that a division was about to take place; and the assertion at the beginning of this last article, that the split had already taken place; and in addition, the unwarrantable, unfair and false attack upon a large number of the most upright, intelligent, learned

and esteemed members of the homœopathic school, would seem to indicate that the writer was at heart more an allopath than a homœopath.

In conclusion, I would earnestly ask the *homœopathic* profession of to-day if a man writing such an article is the proper one to criticise Hahnemann, Boenninghausen, Hering, the lamented Dunham, the conscientious, observing Guernsey, Small, Lippe and other less prominent but equally conscientious men of our school? I cannot conceive how an intelligent man who had attended two full courses of lectures in a good homœopathic college, could hold and express such sentiments, and so misrepresent and abuse the very best representatives of that school. I would ask, again, whether those are proper teachings to be given in the homœopathic colleges of to-day?

Let us be homœopaths or let us be something else. But whatever we are let us be known as such. Let us be liberal; but license is not liberty. It is never illiberal to work within the confines of a natural law. If we fail under the law, investigation will always show that we, and not the law, were at fault. And our duty in the premises is not to scold at the law, but to go and learn more. The ascension of a balloon weighing a ton might, to the ignorant, seem a refutation of the law of gravitation, but to the learned it is a further evidence of its truth.

Chicago.

W. J. Hawkes.

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To the Editor.

Here is a gentleman writing, in your last number, of "The Critical Period in Homœopathy," who, having utterly demolished the "fossils"—there are only one hundred and fifty of them, so that it was not much of a job—thinks it not amiss to state "the belief and doctrines of the majority of the homœopathic school."

1. "They accept the doctrine that nearly all diseases are most readily cured by medicines which are capable of producing similar diseases.

2. There are others [diseases] which absolutely require agents which are capable of changing the conditions of the fluids of the body by their antiseptic or chemical character.

3. He says, "I will here add, that experiments with medicines on the healthy have proved the truth of the axiom that *all cures are homœopathic*, no drug has cured a symptom unless it is capable of causing a similar one."

Now notice the wisdom of this creed "of the majority of the homœopathic school."

1. *Nearly all* diseases are most readily cured homœopathically.

2. There are curable diseases which cannot be cured homœopathically.

3. Experiments have proved that "*all cures are homœopathic*," which last proposition he italicizes and calls an "axiom."

Most of our old school brethren seem to have the opinion, and often express it, that all homœopaths are either *fools* or *knaves*. If they take that writer as a representative of the class, it cannot be thought strange that they come to the first conclusion.

Syracuse, N. Y.

W. A. Hawley.

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To the Editor.

In the current (June) number of this journal, Dr. Hale prognosticates a division in the homœopathic ranks, and threatens to join the majority. He informs us that his former prediction to that effect is "on the point of being accomplished."

Notoriety is cheap. It was easily obtained in this instance from the recent New York contentions as the mal-odorous material. No split or secession from our ranks is likely to occur, *malgre* the predictions of this "advanced" writer. But let us see what the exultant *avis* now smells which affords him so great satisfaction. It is the carcasses of the empirics slaughtered by the following

#### DECLARATION OF PRINCIPLES.

1. The cure of the sick is most easily, mildly, and permanently effected by medicines that in themselves.



are capable of producing in a healthy person morbid symptoms similar to those of the sick.

2. The changed and morbid conditions of tissues and organs are *results* of a dynamic disturbance, and not the *cause* of the disease.

3. The totality of the symptoms, subjective and objective, is the sole indication for the choice of the remedy.

4. The only proper way to ascertain the sick-making properties of medicines is to prove them on the healthy.

5. In order to secure the best possible practical results, medicines must be administered singly, and in a dose just sufficient to cure.

6. *Local* treatment of all kinds, in *non-surgical* cases, is not only unnecessary, but is apt to change the location of diseases, and induce dangerous complications, and never *permanently* cures.

The learned and honest minds who subscribed to these principles are far from asserting that, in the actual state of science, the literal application of them is possible in all cases and under all circumstances! The one hundred and fifty signers constitute a pretty fair sprinkling methinks, while the "nearly five thousand" whom the Doctor coolly reckons among the opponents of the document, would almost universally endorse it. He says sarcastically that the "*influence* of this party" may be inferred from the fact "that among the signers are but *five* teachers in medical colleges," and that "*two* only are editors of medical journals." Well! let anyone ask a medical teacher or editor to sign a positive declaration and he will discover that they rarely sign anything. Beside, would the Doctor have us suppose that medical teachers are the concentration of "*influence*" in our school? I am willing to admit that, in the rapid multiplication of medical "schools" with their enormous faculties, the teachers bid fair to constitute, numerically, "the great majority," but influence does not always consist in numbers. Certainly those who signed the platform may have the comfort of knowing that they do not represent all the ignorance, since he who so flippantly styles them "fossils" defines *dynamic* thus: "The word dynamic means *imponderable*." (Oh! oh!)

All that the Doctor says about "Plank No. 2," is mere rhodomontade and special pleading. It is not worthy of refutation. The declaration that structural changes are the results

and not the causes of diseases is but the assertion of a medical axiom which, perhaps, Dr. Hale does not know. But for this he ought not bestow epithets and charge ignorance of established scientific facts which, however glibly enumerated, have no bearing whatever upon the subject.

The author of "New Remedies" may well shudder at the enunciation of "Plank No. 3"! He says "the spirit of this plank is to reject all empirical proof." What, indeed, would become of the bald assertions—the unsupported and distorted "facts"—the misleading and pernicious "clinical experiences" of which this author's reputation is composed, if "Plank No. 3" were properly recognized and understood? Perhaps the Professor of *Materia Medica* at Ann Arbor would lament an "occupation gone" if the supply of material for his keen battle-axe were to be squelched by "Plank No. 3"! It is to be hoped for the sake of science and truth that the Doctor will find no imitators in his method of proving, i. e., to see what a drug "cures" and afterward *fix* the pathogenesis accordingly. "Plank No. 4" is equally hard on him, and for the same reasons.

"Plank No. 5" affords the maligner of better men some trouble. I should think it would! 'Tis a good plank, nevertheless, and one subscribed to in theory and aspired to in practice by all honest homœopaths.

"Plank No. 6" really seems to offer the retro-prover some solid foundation for his ravings. If this plank is to be construed as he seems to take it, he might be allowed some latitude in denunciation. Even in that case he would not be justified in his charge of *mala fides*. Evidently he has not learned that cutaneous diseases generally are properly classified as surgical, or that many maladies not usually so designated can come under the saving clause of this plank. But how can we expect correct interpretation of language from one whose use of it shows so deplorable illiteracy? It is no exaggeration to say that his utterances upon this text ("Plank No. 6,") are more ignorant, unfair, and grotesque than



anything presented by medical literature for half a century. "Bigots," "fossils," "fools," are among Dr. Hale's choice epithets. He hurls them at the giants of the profession—at men whose thighs even an empiric could not reach were he attenuated to the five thousandth "potency."

But enough of Dr. Hale's "Critical Period"—a menopause so painful and so repulsive.

It may seem strange that one whose practice partakes of the "liberal" should espouse the cause of the ultra-homœopaths. A few words, therefore, may be permitted in behalf of what "*I consider to be the belief and doctrines of the majority of the homœopathic school in this country and the old world.*"

1. They accept the doctrine that "*all diseases are most readily cured*" by "*medicines that, in themselves, are capable of producing in a healthy person morbid symptoms similar to those of the sick.*" The failures are where we have not learned to apply the law. The ability to correctly apply the law varies greatly with individual practitioners.

2. "*While most diseases can be readily cured by medicines which produce similar diseases, there are others which absolutely require considerable study and research in order to discover the true remedy, and still others which are by their nature incurable.*"

3. "*While they believe in the general statement that medicines should be selected by the totality of their symptoms*" they believe equally that "*all cures are homœopathic*"—consequently the "general statement" becomes a universal statement.\*

4. A "declaration of poinciples" is not a declaration of ability always to apply them. Each practitioner must judge for himself how far his own ability extends in this direction.

Hence he has the utmost liberty of individual thought and action in the conduct of cases under his care. For the abuse of this liberty there is no remedy. For its proper exercise, the good sense and studious application of the "great majority" of conscientious physicians may be trusted—if only they will be guided by sound general principles and not be misled by pseudo-teachers and unprincipled book-mongers.

5. The law of cure and its resultant aphorisms have been demonstrated beyond the possibility of doubt. Therefore they are of universal application. Therefore we are ever striving for perfection. Our prospect for attaining it depends upon our belief and unremitting study of drug symptoms as furnished by healthy provers.

Chicago.

Nicho. Francis Cooke.

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To the Editor.

E. M. Hale, M. D., has issued a "pronunciamento" under the above title in the June number of the AMERICAN HOMŒOPATHIST. He announces that the fossils, the Bourbons, and implacables, among the homœopaths, have signed and published a "Declaration of Homœopathic Principles," that on that account a separation (by him prognosticated in November last,) is on the point of being accomplished by (what he terms) the seceding party.

Dr. Hale claims that this to him objectionable Declaration of Homœopathic Principles is equivalent to an acknowledgement of adherence to the original principles promulgated by Hahnemann shortly before his death. There is no *attempt*, even, made to show that this Declaration of Homœopathic Principles is not in harmony with the original principles promulgated by Hahnemann, but Dr. Hale, like Dr. R. Hughes, (England) insinuates that Hahnemann was not a guide to be trusted in his latter years; or as Dr. Hughes has it, "in his senility." All this senility talk is purely "bosh." These senility-slanderers will have to take a back seat when they read for the first time in their lives a translation of Hahnemann's greatest paper, written in 1811, and finally

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\* This is explicitly admitted by Dr. Hale in the following language, the force of which is increased rather than diminished by its interjection in parenthesis: "I will here add, that experiments with medicines [he means *drugs*] upon the healthy, have proved in every instance [*sic*] the truth of this axiom [*?*!] that *all cures are homœopathic* [italics Hale's], no drug has cured a symptom unless it is capable of causing a similar one." This is certainly all that the most ultra-homœopathist in existence could desire! But self-contradictions from such a source are of trivial importance.

given to the world in the coming July number of the *Organon*.

To compare men who accept Hahnemann's teaching, and have become healers in earnest, to the followers of Calvin, who in the present day still adhere to the tenets of the great religious reformer, is an absurdity. Hahnemann showed clearly that it was folly to attempt to cure an "hypothesis" (disease) with drugs whose action on the human organism were not known, —another hypothesis. Hahnemann gave us facts, logical arguments, and appealed to the experiment. Calvin defended certain tenets, religious beliefs. Religion is based on faith, and on faith only. Facts are incontrovertible points, the deduction drawn from them and verified by the test of experiment form incontrovertible and stable principles; there is no "faith" about them, but facts. Dr. Hale thinks this Declaration of Principles is to be assailed because it is signed by a "*great minority*" of professing homœopaths. Dr. Hale commits his second "blunder." If the majority is always in the right, and a minority therefore invariably in the wrong, what of even his perverse homœopathy? The vast majority of medical men in the world reject even the very name—and would it not be a very logical proceeding if Dr. Hale and Dr. Hughes, and all the fault-finders with the Declaration of Homœopathic Principles themselves would join Dr. Wyld and some friends in New York, make application to that great respectable majority, and ask admission into their trades-unions?

Dr. Hale presumes that all modern grand discoveries, such as the germ origin of disease, the disease-producing power of animalculæ and fungi, etc., supercede and set aside Hahnemann's teachings! We have heard just enough of such bald assertions! Even among the allopathists prevails a great diversity of opinion on all these novel discoveries; and even if they were accepted they would not change any of the principles contained in this Declaration. When Dr. Hale reviews the "planks," he professes to accept plank No. 1, just as he proposes to be a homœopath. He perverts

that very plank (p. 229). He says, "all diseases are most readily cured by medicines which are capable of producing similar diseases."

The 1st plank which he proposes to accept reads *very different*, viz: "The cure of the sick is most easily, mildly, and permanently effected by medicines that in themselves are capable of producing in a healthy person morbid symptoms similar to those of the sick."

Dr. Hale returns progressively backward to the treatment of diseases; he also fables of similar diseases which medicines are capable of producing! The homœopaths treat "the sick"—the sick individual! Since when do medicines produce diseases? Since Hahnemann's days? Who made that "grand discovery of medical science"? This attempt at perversion is very bad; but when Dr. Hale claims another grand discovery in homœopathic therapeutics in his 2d plank "that some diseases absolutely require agents which are capable of changing the condition of the fluids of the body by their antiseptic or chemical character," we feel sorry for him! Such absurdities were so effectually exposed by Hahnemann, are so plainly fallacious, so entirely opposed to our progressive healing art, that it appears quite incomprehensible how a man who derides a Declaration of Homœopathic Principles dare to dish up such long-exploded follies.

Still worse is Plank 4. "In cases of great internal suffering, from mental or physical causes, it is sometimes necessary and judicious to administer palliative medicines which sooth the pain and allow repose and sleep"! On what homœopathic principles does Dr. Hale advocate such exploded absurdities? An homœopath will never find it necessary, can never claim it judicious to administer palliatives, to sooth the pain; and no experienced medical man of any school claims that the stupor caused by palliatives gives repose or "sleep." Such treatment by a professing homœopath is "a crime."

As one of the men called, by this scientific palliator, a "*fossil*," I take the liberty to say

to him that such palliative treatment *never* enters the conception of a conscientious Healer. A case has just come to an end in which a man, suffering from cancer of the tongue and tuberculosis, was saved almost all suffering by the administration of the truly similar remedy in a highly potentized preparation, changing it as the symptoms changed. This person was visited by many physicians during his long illness, and they will all gladly testify to the fact that no such results as the alleviation of pains to the final end could ever be obtained if even a single dose of always hurtful palliating anodyne had been administered.

We shall, "*for the present,*" not touch any more of Dr. Hale's planks. What he advocates is not homœopathy, is not even similar to it; it is really the opposite to it. If that perverse practice—in truth, this eclectic practice—is more successful than the pains-taking administration of homœopathic remedies under the rules laid down in the Declaration of Homœopathic Principles, then, of course, homœopathy, as taught by Hahnemann, will be wiped out. For the present we will live quite content by developing homœopathy, by conscientiously following the master; and will not mind to be called "fossils," "bourbons," and "implacables." The true question is this, "What are the Comparative results of Homœopathic, Allopathic, or Eclectic practice?" Will, or can, Dr. Hale answer? Who succeeds? When will we separate?

A few more words and we are done, for the present, with Dr. Hale's paper. There are a number (now over two hundred) of professional men who have signed that Declaration of Homœopathic Principles. If Dr. Hale *can prove* that this document has been signed by men who do not believe in these principles, he is bound to let the profession have their names before he slanders any of the signers. And should any of the signers of that paper

have resorted to means known by him to be wrong, resorted to them probably under protest, surely such a transgression is not equivalent to Dr. Hale's claims that such transgressions therefore should become a rule. Dr. H. presumes to give what he "considers to be the belief and doctrines of the majority of the homœopathic school in this country and the old world." Why not come out like a man and state your planks over somebody's (except your own) signature? Why?

*Because* there is no homœopathy at all in any of the planks;

*Because* it would be an open confession by every signer that he holds beliefs and doctrines in opposition to any of the doctrines taught by Samuel Hahnemann, the founder of a new healing art by him called homœopathy;

*Because* every signer would make a public confession that he does not believe in the doctrines taught by Hahnemann, no more than in his practice, and exhibit himself before the world as a progressively scientific individual who has discovered that a party of consistent men, adhering to and developing the doctrines taught by the founder of the school, are in reality seceders; and the men (let us have their noble names,) who propose to be the expounders of the belief and principles of the homœopathic school, and who define these principles in a manner utterly inconsistent with, and in opposition to, the teachings of the founder, claiming to be a majority, have a right to insult, override their betters, teach their distorted and perverted doctrine in the so-called homœopathic schools and so-called homœopathic journals; and all they now ask in public is "to be let alone!" History repeats itself! If Dr. Hale *dares* to answer, which we trust he will, it shall give us pleasure to give him what is called "a cross-examination." Separate we must! Truth and error can never co-exist together.

Philadelphia.

Ad. Lippe.



## STATIC ELECTRICITY.

C. W. BOYCE, M.D., AUBURN, N. Y.

## III.

Static electricity is electricity at rest. This does not mean electrical equilibrium. It is in distinction to dynamic electricity which is in motion. Static electricity is an accumulation of electricity in or about bodies which are insulated. An insulated body is one form which electricity cannot escape. To understand this, necessitates a knowledge of conductors and non-conductors. A conductor is any substance over or through which electricity can pass. Copper, silver, most of the metals and water are good conductors. Copper wire, from its qualities as a conductor and its cheapness, is most commonly used. Glass is a non-conductor, and from its being so common and cheap is generally used as an insulator. Hard rubber is equally good and less destructible. Dry atmosphere is a non-conductor but moist air is not. Electricity can be collected upon any non-conducting substance, providing there is no conductor near enough to it to carry the electricity away. Such an accumulation is static electricity. When it is allowed to escape it becomes dynamic. Static electricity has its type in that of the machine and of the cloud. The electricity-charged cloud may be driven about by the wind, or be attracted by another cloud which has less or more electricity, and be in

motion through space, yet if the electricity does not pass from the cloud to which it is attached it remains static. Let this cloud come near enough to any other cloud which is in a different electrical condition or near enough to the earth if differently electrified, and the electricity of the cloud will be discharged. Whilst the electricity is being discharged it is dynamic. Static, is often called frictional electricity, because friction, under favorable circumstances, always produces it. The electricity of the cloud is often the result of the friction to which it is subjected, when driven through the atmosphere against different currents and against the higher portions of the earth, by the wind. (The greatest source of atmospheric electricity is undoubtedly evaporation. Each particle of vapor is charged with positive electricity). Static electricity is not necessarily frictional. It may accumulate at the poles of a galvanic battery when the circuit is open.

Electricity does not pervade the substance of those bodies which manifest electrical conditions. It is on the surface. The substance may show a negative condition. Systematic and prolonged observations have shown that the earth is predominately negative in relation to the atmosphere about it, and the further from the



earth these observations have been taken, the greater the degree of positive electricity has been found. The atmosphere is a great reservoir of electricity, varying from time to time at the earth's surface, where at times the electric condition is decidedly positive, and at others it is decidedly negative. Quite recently Professor Loomis has been experimenting with this atmospheric electricity in telegraphing. He has been able with its aid to send messages to stations fifteen miles distant without connecting wires. This extract has just come to hand and I append it.

"There is really no end to the wonders of telegraphy. While the telephone is astonishing us, we learn that scientists are actually telegraphing through the air without the aid of wires. Professor Loomis flies a kite, using a copper wire instead of a kite string, and at a distance of ten miles he causes another kite to be raised in the same way, and he finds himself able to transmit signals between these kites. Since the days when Franklin flew his scientific kite, we have heard of nothing more wonderful."

The varying conditions of the atmospheric electricity at the surface of the earth from positive to negative and from negative to positive, are marked by different effects, both general and physiological. The interest to us is principally with the latter. Ordinarily these changes follow each other so closely that no continued physiological state is noted, but when one condition, either positive or negative, continues, as it often does, for days or even weeks, we observe effects

in proportion to this continuance. In a general way with a positive state of the atmosphere, if long continued, what diseases prevail are predominately sthemic, but usually the positive state is a healthy one. During a negative condition, neuralgias and allied diseases prevail. Under this state of the atmosphere diseases are prone to linger, and we administer our remedies almost in vain. Day after day as these conditions continue we wait and wait and hope. One day follows another and no change for the better. By and by there comes on a change, the mercury falls, the winds arise and a storm ensues; the next day when we visit our patients there is a marked change for the better, we find that we are indeed in a different atmosphere as soon as we enter the house. The faces of the attendants are more pleasant and even smiling. The patients look more hopeful. Many cases yield and convalesce rapidly, and we are apt to credit to the last remedy given, what ought to be credited to the electric change and to the storm. This has been my experience for more than thirty years.

After the conclusion of the reading of this paper a friend called my attention to a series of articles in the thirteenth volume of *Harper's Monthly*, entitled "The Great Epidemics," in which occurs the following paragraph, and being so appropriate to our present subject that I append it.

"Still the pestilence raged with unabated violence. The stagnant air teemed with deadly vapors. Scarcely

a breeze ruffled the unbroken calm. The light of the sun, shining steadily in the sky, became hateful to those who were sickening under its beams. In vain they looked up to the unmerciful heavens for the shadow of a cloud. The blue arch bent over them, hot and stifling, like the dome of a furnace. Anxiously did they look for the change of the moon, in the hope of an alteration in the state of the atmosphere; but no change came, no breeze blew, no rain fell. Occasionally a haze would overspread the sky, light clouds would form, and supplicating eyes would gaze upon the mocking promise only to see it fade away into the general vapor that had no healing in its misty wrings. So the hot September wore away and October, usually no balmy, arrived, but only brought increased mortality. The springs and wells began to fail, pastures were burned up, the dust extended two feet below the surface of the soil. To add to the universal distress, medical aid began to fail the people. Some of the physicians had fled, many were dead, more were sick, and all were worn down with extreme fatigue. In one day it was estimated that six thousand persons lay burning with fever, and that only three medical men were able to be out of their houses. The stoutest hearts now began to fail and despair reigned supreme over the city, (Philadelphia). At this moment, or if to verify the adage, "man's extremity is God's opportunity," a change took place. Dark clouds gathered over the sky, and on the 15th of October the long-desired, the prayed for, the benevolent rain came pouring upon the parching city. The pestilence had received its death blow. The number of the sick immediately diminished, and by the 9th of November the plague was over."—*Harper's Monthly*, vol. 13, p. 789. Yellow fever.

Our principle source of static electricity is the electrical machine. Commonly this machine consists of a cylindrical plate of glass, which can be made to revolve on its axis. A rubber of silk presses upon this plate whilst revolving. The friction between the glass and the silk develops the electricity in the glass, which is conveyed along what is called a prime-conductor and deposited upon any non-conductor in the near vicinity, or it may be discharged into the atmosphere. Any considerable friction in a dry heated atmosphere develops this electricity. High pressure steam also develops it in large quantities. In paper mills we have nearly all the requirements for making electricity manifest. Let me call attention at this point to a similarity between the effect produced on the substances used to produce frictional electricity, and the effect upon the metals used in a battery where galvanism is made manifest. In the battery one method is more acted upon than the others, and the greater this difference between the metals in this respect the greater the amount of galvanism produced, and the one *least acted upon* collects the positive or is the collecting plate.

"It was observed by Callomb that the general deductions in regard to frictional electricity are that when two bodies are rubbed together the one whose particles are *least disturbed* is more disposed to collect positive electricity."

With the electrical machine, in dry, warm air, electricity may be made

manifest at pleasure, and by means of the Leyden jar it may be collected and retained temporarily for use.

*Temporarily*, since the air is not a perfect non-conductor and gradually the electricity escapes. The Leyden jar may be any glass jar which has been coated with tinfoil externally and internally to within two or three inches of the top. A varnished cover secures the open mouth of the jar. Through this cover passes a metal rod which is in connection with the inner coat of tinfoil. The rod terminates externally in a knob. When this knob is in contact with the prime-conductor of the machine, a few turns of the plate will fill or charge the jar with positive electricity. This electricity has great tension. Tension is a property whereby electricity leaps longer or shorter distances in order to reach objects in a negative condition, where it may be neutralized, and this is the reason why it can never be collected in any great quantity. In certain conditions of the atmosphere there is such a minus condition that very little or no electricity can be produced by the machine, and during the continuance of such a condition serious diseases have often prevailed. During several weeks in Paris where observations were made, some years ago, when there was an epidemic of cholera, no electricity could be produced. At last the machine gave a few sparks, and the next morning's bulletin announced a decrease in the number of new cases of cholera. The decrease of the disease kept pace with

the increased manifestations of electricity on the machine.

At this stage of the reading the question was asked, "Does the presence and absence of positive electricity account for epidemics?" I here present an extract from Dr. Garratt's *Medical Electricity*, page 75. We know that Andraud made daily observations and experiments in and about Paris during the cholera there, which show a striking coincidence between the amount of electricity and the virulence of the epidemic. In a letter to the president of the French academy he says:

"The machine I have used for my daily observations is rather powerful. In ordinary weather it gives, after two or three turns of the wheel, brilliant sparks of five or six centimetres. I have noticed that since the invasion of the epidemic I have not been able to produce on any one occasion the same effect. During the months of April and May, the sparks, obtained with great trouble, have never exceeded two or three centimetres, and their variations accorded very nearly with the statistic variations of the cholera. This was already for me a strong presumption that I was on track of the important fact I was endeavoring to find. Nevertheless, I was not yet convinced, because we might attribute the fact to the moisture of the air, or to the irregularities of the electric machine. Thus I waited with impatience the arrival of fine weather with heat, to continue my observations with more certainty. At last fine weather came, and to my astonishment, the machine, though often consulted, was far from showing as it ought, an augmentation of electricity, but gave signs less and less



sensible to such a degree, that during the days of the 4th, 5th, and 6th of June, it was impossible to obtain anything but slight cracklings without sparks. On the 7th, the machines remained quite dumb. This new decrease of the electric fluid had perfectly accorded, as is too well known, with the renewed violence of the cholera; for my part, I was not more alarmed than astonished; my conviction was complete. I saw only the consequence of the fact already supposed. It may be imagined with what anxiety, in these moments of the crisis, I consulted the machine, the sad and faithful interpreter of a great calamity. At last, on the morning of the 8th, some feeble sparks reappeared, and from hour to hour electric intensity increased. I felt with joy that the vivifying fluid was returning in the atmosphere. Towards evening a storm announced at Paris that the electricity had re-entered its domain; to my eyes it was the cholera disap-

pearing with the cause which produced it. The next day, (Saturday the 9th,) I continued my observations, the machine then, at the least touch, rendered with facility most lively sparks. Now, it is stated that in the six days following the 8th of June, the mortality in Paris fell regularly from 667 to 355."

As long as this electricity remains in the Leyden jar it is static whether we carry it about or leave it stationary, but the instant we touch the knob with a conductor, which is in connection with the external tinfoil, or with the earth, a discharge takes place and it becomes dynamic. Owing principally to the difficulty in managing this form of electricity, it is less usual than other forms, which are more under control. Yet in many cases it is used with undoubted benefit.

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### A TIMELY WARNING.

I noticed in your excellent journal for May, 1878, an article by the editor, the body of which was taken up with a discussion of the merits and demerits of remedies and their preparation, that were at present being used by not a few holding *diplomas* from homœopathic colleges.

That there is great need that our western journals should sound the tocsin of danger to this, one of the most vital principles of homœopathy so far as its success therapeutically

and the real advancement of medical science is concerned, none, save those who care nothing for principles, dare deny.

Any one who will consider for a moment must perceive that our medicines, if conscientiously prepared, must of necessity be somewhat costly, for in addition to the material used the time spent in their preparation, which is necessarily great, must be paid for if we would have reliable medicines. The idea with the true



homœopathic physician and conscientious pharmacist is, that mutual benefit is to arise from their business transactions; when, however, the doctor, by action, says to the pharmacist, "Come down in your prices, or I'll buy *again* of the fluid-extract man," the pharmacist is forced either to carry on a business that pays little more than expenses, or deal out medicines to his patrons that are not as represented. Homœopathic pharma-

cists are not infallible, and if they do compete with mongrel dealers a fair share of the sin will lie at the (*fluid-extract*) physician's door.

In the name of all that is good and great in homœopathy let us patronize those who appreciate the full meaning of *homœopathy*, and then preserve that which under any other conditions must be lost, viz., *conscientious potentization*.

D. B. J.

## THE HEADACHES OF ACONITE NAP. AND APIS MEL.

MATERIA MEDICA CLUB.

### ACONITE.

#### TYPE.

Adapted to sanguine, plethoric persons.

The headache follows exposure to cold, dry currents of air; suppression of perspiration; anger; chagrin.

It is characterized by congestion of blood to the head, with fever; excessive sensibility; fearfulness; intolerance of light, noise, or touch; violent, unbearable, stupefying pains, chiefly in the forehead and temples; nausea and vomiting.

#### LOCATION, DIRECTION AND CHARACTER.

Violent, stupefying headache, with great fullness and heaviness in the forehead.

Piercing, throbbing pain in the forehead; worse from motion.

Piercing and throbbing or pressure in the forehead, temples, and top of head.

Fullness and heaviness in the forehead, as from a weight, which, with the entire brain, would *press through the forehead*; or through the eyes.

Hemicrania, with violent pain over left eye; attended by nausea and vomiting.

#### VERIFIED SYMPTOMS OF HEAD.

Stinging pain, or beating and shooting, or numbness and tingling in the head.

Vertigo when stooping, looking up, or rising from a seat, with nausea.

Congestion of head, with great heat and redness of the face.

*\*Burning headache as if the brain were moved by boiling water.*

Hair feels as if standing on end.

Headache with increased secretion of urine.

Headache accompanied by coryza, roaring in the ears, fever, sleeplessness.

## AGGRAVATIONS.

By motion; noise; light; rising from a recumbent posture.

## CONCOMITANTS.

*Fear and anxiety* of mind, with great nervous excitability.

Gets desperate and declares he cannot bear the pains.

*Dryness of mouth* and tongue; tongue coated white or yellow-white.

Burning, unquenchable thirst.

Bitter, bilious, greenish vomiting, with anguish and fear of death.

Pulse small, hard, wiry, and quick.

Suppression of menses from fright, with vexation.

Menses too profuse and protracted, especially in young and plethoric women.

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 REPERTORY.

## TYPE.

Congestive. Neuralgic.

## LOCATION OF PAIN.

Forehead; temples; vertex. Hemispheres.

## DIRECTION OF PAIN.

Outwards, through eyes or forehead.

## CHARACTER OF PAIN.

*Head*.—Stinging, beating and shooting; or numbness and tingling.

Burning headache.

*In Temples*.—Violent, unbearable, stupefying; fullness and heaviness.

*In Temples and Vertex*.—Pressive, piercing and throbbing.

## CAUSES, CONDITIONS AND CIRCUMSTANCES.

After exposure to cold, dry currents of air.

After suppression of perspiration.

After anger, chagrin, anxiety.

After suppression of menses from fright.

## PECULIAR SENSATIONS AND SIGHTS.

Hair feels as if standing on end.

Fullness and heaviness in forehead, as if from a weight, which, with the entire brain would press through forehead and eyes.

Burning headache, as if brain were moved by boiling water.

## AGGRAVATIONS.

From drinking, light, motion, noise, rising, speaking.

## AMELIORATIONS.

In open air; from cold drinks.

## SENSORIUM OR MIND.

Anxiety. Desperate, thinks he cannot bear the pains.

Excessive sensibility.

Fearfulness, fear of death.

## EYES.

Brain feels as if pressing through eyes.

Hemicrania, with violent pain over left eye.

Intolerance of light.

## EARS.

Roaring in ears.

## FACE.

Congestion of head, with heat and redness of face.

## MOUTH AND TONGUE.

Dryness of mouth and tongue.

Tongue coated white or yellow-white.

## THIRST.

Burning, unquenchable thirst.

## STOMACH.

Nausea; bitter, bilious vomiting, with anguish and fear of death.

## URINARY ORGANS.

Headache, with increased secretion of urine.

## HEART.

Pulse small, hard, wiry and quick.

## FEMALE GENITAL ORGANS.

Suppression of menses from fright.

Menses too profuse and protracted, especially in young and plethoric women.

## SLEEP.

Sleeplessness.

## FEVER.

Pulse small, hard, wiry and quick.  
Sthenic fever.

## GENERALITIES.

Adapted to sanguine, plethoric persons.

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**APIS MELLIFICA.**

## TYPE.

Nervous headache, of bilious or gastric origin.

Burning, throbbing headache, aggravated by motion.

Chronic nervous headache.

Headache accompanied by vertigo, heaviness, and fullness in the head.

The brain feels as if tired.

## LOCATION, DIRECTION AND CHARACTER.

Head confused and dizzy, with constant pressive pain around and above the eyes.

Dull pain over the whole head, relieved by pressure.

Burning and throbbing in the head.

Headache with fullness and heaviness in the occiput.

Sense of fullness and heaviness in the head; head feels as if swollen.

Violent drawing from the back of the neck, extending behind the left ear.

Neuralgic pain, like a bee sting in left temple.

Dull, heavy, tensive headache over the eyes, with pain through the orbits.

Brain feels tired and as if gone to sleep; tingling.

## AGGRAVATION.

By motion or stooping.

## AMELIORATION.

Temporarily better by pressing the head firmly with the hands.

## CONCOMITANTS.

Congestion to the head and face; fullness of the head.

Brain feels tired and as if gone to sleep.

Head confused and dizzy; impaired memory.

Awkwardness, lets things fall; irritable mood, hard to please.

Nervous, restless, dread of death.

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 REPERTORY.

## TYPE.

Nervous headache of bilious or gastric origin.

Congestive with burning and throbbing.

## LOCATION OF PAINS.

Around and above the eyes; dull over the whole head; fullness and heaviness in the occiput.

Drawing pain from back of neck to behind the left ear.

Neuralgic pain in left temple.

## CHARACTER.

Dull; pressive; burning and throbbing.

## AGGRAVATION,

From motion or stooping.

## AMELIORATION.

From pressing the head with the hands.

## SENSORIUM OR MIND.

Confused vertigo, worse when sitting than when walking; extreme when lying, and on closing the eyes.

Impaired memory; irritable mood, hard to please; nervous; busy; restless, dread of death.

## EYES.

Rolling of the eyes.

Severe darting pains in the eyes.

Burning, stinging, shooting pains.

## NOSE.

Nose swollen, red and œdematous.

## FACE.

Pale; sallow; dark-red; swollen, red and hot, with burning and piercing; more on right side.

œdematous; waxy pale.

## MOUTH.

Dryness of the mouth and fauces.

Scalding in mouth and throat.

## THROAT.

Tonsils bright red, stinging when swallowing.

Deep ulcers on tonsils or palate.

Erysipelatous and œdematous appearance around ulcers.

Throat swollen, inside and outside.

## APPETITE.

No appetite or desire for foods.

## STOMACH.

Great soreness in stomach when touched.

Pit of stomach sensitive; burning heat in stomach.

Irritability of stomach.

## URINARY ORGANS.

Incontinence of urine, with great irritability of the parts.

Urine scanty, high colored; red, bloody, hot and scanty.

## SKIN.

Skin hot and red.

Skin waxy pale, almost transparent.

Stinging, burning, itching or prickling of the skin; sensitive to the slightest touch.

## EDITOR'S CABINET.

We unwittingly permitted a bombshell to be thrown, in the June number of the *HOMŒOPATHIST*, in the form of "The Critical Period in Homœopathy," and now, wittingly, we admit answers to that paper, which do not satisfy our convictions of wisdom, but which in justice to homœopathy we—having made the first mistake—feel called upon to allow. This infringement upon our rules of conducting the *HOMŒOPATHIST* we deprecate, and now can only offer an apology for the remissness which

has led to this, we believe, unwise discussion. The charges made on either side against men and principles, the profession will recognize as familiar "ghosts." Either party, from their own standpoint, cannot—considering the source—be hurt by the other. So far, then, as the *HOMŒOPATHIST* is concerned, *they* will now lay down their arms and *we* will return entirely to practical matters. We should be sorry for the *HOMŒOPATHIST* to convey the idea that the planks laid down by the disting-



ished writer of "The Critical Period," were representative planks of the science of homœopathy. Indeed, this publication might well be charged a misnomer did it willfully convey such an impression. It is a significant fact that the eclectic school of medicine look upon homœopathy about in the light of "The Critical Period," and in that light they recognize many of their own tenets, hence they accuse us of adopting their manner of practice—many a painful comment from that quarter bears testimony to this statement. We feel justified in saying to this sect, that Hahnemann, and no other, is our authority for homœopathy; that while they have great cause to thank the writer in question for their success over allopathy, they have only entered the vestibule of the true art of healing, the full structure of which will be found in the study of homœopathy proper.

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*To the Editor.*

Permit me to thank you for your very kind and fair review of the *Organon*. In a few points, however, I cannot agree with you, and would crave the indulgence of touching briefly thereon.

(1). Granting that Hahnemann gave the name, homœopathy, to his system as he *at first* conceived it; if, in after years, he developed and modified it, and gave the same name to this *improved* system, ought we not to follow him in this matter, and apply the term as he *finally* applied it? Hahnemann, at one time, advised the application of a resinous plaster in psoric diseases to cause itching, and the finest electrical sparks in paralysis; but in 1833 he stated that *he was grieved that he had ever proposed them, and solemnly retracted them*. Now it is obvious that the use and the repudiation of these methods cannot *both* be in accordance with homœopathy; which shall we choose, the earlier or the later teaching? If the former, then by parity of reasoning we must repudiate as unhomœopathic other *late* discoveries in the efficacy of the 30th potency; if the latter, then by parity of reasoning we must also give up as imperfect some of Hahn-

emann's earlier teaching. It seems to be only logical that when we speak of homœopathy, without any qualification, we must mean the *latest* development of it, by the founder, just as when we speak of an inventor's machine, we mean that which contains his *latest improvements*! and not his *early attempts*.

(2). With regard to potencies, Hahnemann places *no limit whatever*, and there is evidence to show that he went higher and higher to the last. He could not have used potencies that were not made in his time; but those who use them are simply pursuing the path he marked out.

(3). Your statement that "years of study (and often times experience) are required before he (the young student,) can accept even the full system as Hahnemann left it," is not in accordance with the experience of either Dr. Skinner or myself. I learned homœopathy in the dispensary of Dr. David Wilson, who chiefly used there the 200th potency, and when I commenced practice, I began at once with that potency, Jenichen's higher potencies, and a few of Fincke's. The first experiments which Dr. Skinner made were with some 30th potencies, which I procured for him, and he very soon began to use the highest. We both very soon found that Hahnemann's practical rules were perfectly accurate, *and have never swerved from them*. Yours truly,

London, Eng.

E. W. Berridge.

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The signification of the term homœopathy is the same unchanged—curing by the law of similars now as in Hahnemann's earliest application of it to his new system, independent of the practical rules which he afterwards declared to be accessories to the healing art. Once having decided to accept the law of cure as a real truism the physician is a homœopath. He stands on the same platform that Hahnemann did. He may accept all or a part of Hahnemann's rules, may discover his own accessories to healing, and still, practicing by the unchangeable law, he is a homœopathist. In our experience, Hahnemann's rules, in general, are reliable, and worthy of

teaching as the *best guides* known—they act as conditions to the most favorable action of the law. If a physician choose to discard those rules—to make rules of his own—that is just as he can afford. He may not, we think cannot, be as successful in his practice of homœopathy, as one who abides by the later advice of Hahnemann. Right here is the real platform of work for us, as men and as journals—we may teach, we may reason, we may compare results in practice, may use every honorable means to show our neighbors that they are not applying the law in the most effectual manner—it is our duty to suffering humanity to do this—but let us not do violence and insult to the conscientious physician who *knows* that he is a homœopath *at least*, if not the latest edition. He may by education and experience improve, not, however, by being assaulted violently and told that he is no homœopath. Here is where so many hard names are called, so little good accomplished, so much harm done. The man who does not adopt the best mode of practice, we think is unwise—we are apt to call him a fool, but let us take care, what we *know* to be the best method may seem to him the height of folly, and so in the same heat *he* retorts, and now we who would teach better things, and he who properly taught would be susceptible to conviction, have degenerated into mere blaguardism. Eclecticism and absolute mongrelism are to be rebuked, disowned. Such practice under our name is a lie, degrades the healing art and casts reflection upon the workings of our law, which is only professed by this class, not by them used because of indolence.

If Hahnemann made mistakes in his early advice concerning the resinous plaster and eclectic sparks, by parity of reasoning we might say that he made mistakes in his later advice on other points, which a longer life and experience would have brought to light and correction. It seems to us that the application of plasters or of electricity is (or may be) neither homœopathic nor unhomœopathic, a question simply if they are not accessories to a permanent healing, or rather

harmless means of comfort in the mean time. We seldom think them useful, would not advocate them, neither denounce them.

A belief in and intelligent practice with the high potencies we make no doubt will insure the most successful homœopathic practice. A strict comparison of results will show this. Let not the high potency man, however, condemn the low as no homœopath, but let the controversy be on the grounds, *pro* and *con*, which practice makes the most favorable showing. A belief in the highest potencies is not essential to constitute a homœopathist, while it may be the best way to practice homœopathy. Many question this; they should have the right to do so, without suffering excommunication by those who think they are carrying out Hahnemann's ideas. Doubtless Hahnemann would have believed in the highest potencies, but he did not practice with them, therefore it is with poor grace that those who practice with the third and thirtieths are condemned.

The early experience and advantages of Dr. Skinner and yourself were favorable, and you were so constituted that you could progress rapidly, while thousands of others can not strike out as you did. A large proportion of the class that graduated at our time, practice with low potencies, some of them very low, some are gradually coming up the scale, yet we, enjoying the same advantages, with the addition of dispensary experience, have used the high potencies from the first.

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*To the Editor.*

Is a man who graduated from a homœopathic medical college twenty years ago, who retired from the profession because of failing health three years later, and who has amassed wealth to the extent of perhaps thirty thousand dollars, by having engaged in mercantile and political pursuits for fifteen years past, entitled to gratuitous treatment for himself and family at the hands of a young physician who is barely supporting himself? I have such a case in my practice and I want to be advised whether to charge full rates,

half rates, or nothing, for my professional service to the family.

Please give this a place, together with your answer, in your journal, and oblige

*A Young Doctor.*

Most assuredly he is not, either morally or according to the ruling of the Code. Art. II. Sec. I. of the Code of Ethics reads:

*All practitioners of medicine, their wives and children, while under paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them."*

Now, a man may be a *graduate in medicine*, and yet not be a *practitioner of medicine*. If he is not, technically he does not come under the code, and especially so, if with his mind turned to politics and business, he takes no interest in medical matters, belongs to no medical association.

And, morally, if the great medical combi-

nation (of doctor and patient,) is in no way benefited by his belonging to the profession, he has no right to claim a gratuity at its hands, but must give a *quid pro quo* for services rendered.

Considering these relations, therefore, to exist, and finding that even under the Code a gratuity of services to physicians in active practice is simply a matter of courtesy, I would say to "young doctor" you have a right to your fees. And would advise him, if for no other reason than to improve the condition of the stingy soul of his wealthy patron, to demand and collect a full honorarium for his services.

*J. R. Kippax.*

Although we have some very fine verifications for "Homœopathy Illustrated," we were obliged to omit that department for this number, owing to press of other articles.

## MEDICAL MEMORANDA.

### ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION.

*Continued.*

Dr. Kippax.—The question is do we want to raise the standard or not? If one course of four months or six months is going to qualify a man to practice in this state, and two courses are going to make any man better, I say let us have two courses by all means. Why should we not adopt the motto of the state board of health and have a two years' course? Any man who has not attended two courses of lectures has the privilege of coming up before this society and passing an examination. If a man is afraid to do that, then we don't want him. We don't want Tom, Dick and Harry in our society, anyhow.

Dr. Cooke.—I don't wish to be placed in a false position. I have always done all I possibly could to elevate the standard of preliminary education. I have been placed in a humiliating position where I have been compelled for ten years to sign my name on the diplomas of students who were not qualified as they should have been. Now, my dear sir,

do not let us be placed in a false position. I have advocated this high standard of education and will continue to do all in my power to elevate it, but I protest against this special legislation, for that is just what it is. I say, sir, that to go back of the legally authorized diploma, back of the legally authorized college, is to go against the laws of the state. It criticises the standing of every gentleman in this society. I say it would be unwise to go back of the state board of health.

Dr. Duncan.—I rise to point of order. In our programme we are now under the head of reports of committees.

Dr. Streeter.—No sir, I beg pardon, it is in order, this resolution has been before the society for a year.

Pres.—I hope the gentlemen will speak to the point.

Dr. Hawkes.—It seems to me there is no difference of any importance between the members in regard to this question of medical education. I certainly am most heartily in favor of it. I would like to ask if this resolution is to be retroactive. If it is, I should object to it as working injury to at least three



members in good standing and recognized as able physicians, who have attended but one course of lectures. If it is not to be retro-active I shall most certainly vote for the original resolution. But the rest of the trouble is not reached by such legislation as this. Very incompetent men may easily attend two or more full courses of lectures in the best of our colleges, and be still medical asses. The gist of the matter is here: If any physician in the state who has a student, made it a requirement that he should have at least a common school education, much of the evil complained of would be obviated. His having a good common school education would be some guarantee that he had at least the ability to learn.

Dr. Hedges.—Every year at the meetings of state medical societies, and even of the American Institute, resolutions concerning medical education are advocated eloquently and passed, and that is the end of the matter. This resolution seems to me to be a practical one, one that we can take hold of, and I am in favor of it. This state society has the right to say that those who apply for membership shall have complied with the requirements of this resolution. It is the strongest rule we can hold over our colleges. When a gentleman comes before us we must have him go through an examination; we have to do something so that our colleges shall graduate only those who have attended two full courses of lectures. This resolution will aid the colleges in elevating the standard. We shall have the right to say that candidates shall have attended two full courses of lectures. It is not retro-active and I do not believe it is illegal, nor do I see why we have not the right to pass it. I hope the resolution will pass, because it is the most important thing we have had before us for some time.

Member.—The whole thing is, we simply take the colleges at their word. They send out announcements saying that they require two full courses of lectures, etc., and we are merely taking them at their word. I am in favor of the resolution.

Member.—We all of us who are practicing in all parts of the state are interested in this resolution. I say let us stand up for high medical education. Only a few days ago in a drug store down at my place, a recent graduate was showing a new pocket case of instruments. He was asked what one little arrangement he had was. He said it was a Caustic holder. The instrument was a catheter. There are young men sent out from some of the colleges occasionally who hardly know the difference between a female catheter and a crowbar (?).

I say let us have culture. There are three or four ways of doing this. We as medical men are supplying the colleges with students, and it is our duty to ask about their preliminary education. We should inquire as to their knowledge of anatomy, etc., learn what they have read and what amount of preparation they have had. That is one point. The next point is for medical colleges to admit men upon a preparatory examination. Third, besides examining the condition of the candidate for graduation, let one of the requirements be that he shall have had two full courses of lectures. We all know that some men may do as they did in the army. Some went into the army taking medical books with them, and by studying at every opportunity, were fully qualified at the end of the war to practice. Men may study in this way now, go into college and pass a good examination on one course of lectures.

Member.—I do not wish to enter this discussion any further than to depreciate this manner of presenting this substitute. It seems to me that whatever action we take in regard to the board of health should be done separately. The board of health we all indorse. As an individual I want this resolution by itself, I think we ought to be permitted to vote on this without mixing it with any other matter. I hope we shall have this matter by itself, and that this substitute may be disposed of first without being connected with the main resolution.

Member.—I move that the substitute be laid on the table.

A vote was taken and the substitute laid on the table. The question on the original resolution as offered by Dr. Streeter was called for and carried by a large majority.

Pres.—We will have Dr. Small's report as chairman of the bureau of clinical medicine.

Dr. Small.—I have not much of a report to offer, and hope all deficiencies will be made up by the other members of this bureau.

The Doctor then read his paper relating chiefly to clinical lessons taught by recent epidemics in Chicago, and malarial disorders.

Member.—Move that it be referred to the committee on publication. Carried.

Prer.—Next is Dr. L. Pratt.

Dr. Pratt.—I have no report with me, but if permitted, will bring it in some time during the convention.

Pres.—Dr. Van Liew is present and will report.

Dr. Van Liew then read a paper on Observations on Diphtheria, and the Use Made of Them. The Doctor closed by saying:

I had written out a report of a few cases

which I intended to bring with me, but in the hurry of starting left them behind. From those cases I wanted to present some conclusions in regard to the pathology, ætiology and treatment of this disease (diphtheria). As, for instance, different pathological stages require different modes of treatment. I was greatly annoyed, during the treatment of some of the cases, by the interference in the way of suggested treatments by interested friends, allopathic and charlatanic, not to say satanic. Very much mischief was done to many of the cases by the substitution of wrong kinds of gargles in the first stage. I do not like the times and methods of treating the throat with strong preparations of potash, salt, etc., too strong, especially in the first stage. I believe we should avoid irritating the mucous membrane during the forming stage all that we possibly can; help the disintegration of the membrane before it attacks the ducts. I do not use gargles and swabs. My most frequent agent in that direction was dilute alcohol; used it freely and found it very efficacious. I said in this report that *Hepar sulph.* was the best known remedy to aid in this disintegration, especially in the croupous form, which is the most serious, the most dangerous. I must confess my experience does not warrant me in saying that many of these cases get well, cases of membranous croup I mean. The croupous form I have found particularly fatal.

Pres.—If no further remarks the papers read will be referred.

Dr. Foster.—I would like to ask if it would be in order to listen to some remarks on this subject? (clinical medicine).

Pres.—When all the papers have been presented discussions will be in order.

Drs. Merryman, Mitchell, Wisner, McCleary, Cowell, members of this bureau, were absent or did not answer to the call of the president.

Pres.—If any one wishes to make some remarks on the papers, now is the time.

Dr. Tooker.—My name appears in the bureau of diseases of women, but the paper I have prepared would more properly come under this bureau of clinical medicine. Have not brought it with me, but can read it this afternoon if it is the pleasure of the society.

Pres.—Then the programme for this afternoon will include your paper. We will listen to discussions now.

Dr. Duncan.—Here is a volunteer paper by Mrs. Cooke, on *Ozone*.

The paper was read by Dr. Duncan, and referred to the committee on publication. The president called again for remarks.

Dr. Foster.—I was not in time to hear the

whole of Dr. Small's paper, therefore will confine myself to a few remarks on that read subsequently by Dr. Van Liew. I think there are but two or three theories that have ever been held with regard to the ætiology of diphtheria, and Dr. Van Liew's paper has made it just as clear to us as it could be made, that there is only one thing settled, and that is, no one knows the cause of diphtheria. Every physician who goes out to treat it (diphtheria,) has to go with this one settled fact regarding its course firmly fixed in his mind, and, after passing through an epidemic of this disease, comes back with this fact still more deeply impressed upon his mind. Anything said about the ætiology will simply bring out this point and nothing more, and I do not intend to enter into an elaborate discussion of this matter. I have read about it in the books and journals of both schools, and from that and my own experience, I know the ætiology of diphtheria is anything but a settled fact among intelligent men. We know just about as much in regard to it as the profession knew a hundred years ago. It is ascribed to bad air; sometimes to damp weather; sometimes to excessive vegetation; sometimes to diseases of the blood, from unknown causes, a sort of cell-deterioration of the blood, which may give rise to several different diseases, diphtheria being one of them, and to various climatic causes. The endeavor has been made to trace its origin to bacteria, and that they may be associated with it is true. It is somewhat strange that no one in all our medical army has ever told us anything at all as to the *real* nature and real cure of diphtheria. We have settled down with the general belief—this is sustained by facts—that the blood of the patient is poisoned, and we call it a zymotic disease.

Member.—I have one case in mind which came under my observation last year. It is held that the zymotic poison of the membrane is a consequence of that in the blood. Dr. W. C. Dake mentions some cases and takes the ground that it is possible for the poisoning of the blood to be a result from the membrane, that is, the disease is first confined to the point of infection, the blood being affected afterwards. The case I referred to was that of a little child in good health, who, while playing with a small stick in her mouth, fell and was wounded by the stick. The blood came freely enough. I was called in to see the case, but found nothing to be done, more than to moisten the parts with a little *Calendula*. Next morning when I saw the child again, the wound was healing apparently. Later in the day, having been again called, I went



there and found the child much prostrated. The stick had struck on the roof of the mouth, glanced back, injuring the upper part of the right tonsil; here, on looking into the mouth, I saw the well-known exudation of diphtheria. It was quite thick, forming rapidly, and there was a tough, glaring discharge from both nostrils; the child was quite restless, etc. Kali bich. 200 was given once in two hours in water. Next morning on visiting the child I noticed that the membrane began to disappear and healthy tissue could be seen all around the part. On the second day the child was discharged, the disease was gone. In regard to gargles I suppose those who have used them with advantage feel like using them again, but it seems to me, where the disease is persistent, especially where there is a large amount of soreness and tenderness in the throat, that the gargles are only not beneficial, but are decidedly dangerous. If it is true that the disease is zymotic in character, and that the exudation is the result of the blood-poisoning, then to disinfect, to destroy the miasmatic influence, is to strike at the root of the disease, viz., the cause. If something must be used, the spray, it seems to me, must be the most beneficial and the most desirable to the patient. For the remedies indicated in the treatment of diphtheria it is almost impossible for any one to say, before seeing a case, what the patient may require. Of course, in some seasons, we find certain classes of remedies indicated much more frequently than others. As a general thing I treat my cases regardless of the name of the disease; I get the symptoms and treat them alone, though of course, I recognize the disease that I may know something in regard to its prognosis, duration, etc. Apis met. I have found very good when used, but it has been seldom indicated in my experience. The various forms of Mercury I believe to be good only in mild cases where there has been no clear, decided exudation. The *Mercurius jodatus* I have used in alternation with *Belladonna*, with some success, but I have more frequently used the *Proto-iodide*. Kali bich. is a grand remedy in many cases. Lachesis is indispensable when indicated, useful when not(?). The *Mercurius cyanuret*, it is said, is one of the two remedies that will produce on the throat the diphtheric exudation. Of all the remedies mentioned I believe that not one can be said to be strictly homœopathic to the condition of the throat where diphtheritic exudation exists, because, I believe, they have never been known to produce the exudation, unless perhaps we except Merc. cyan. and one other remedy, the name of which I do not

now recall. I understand that the Merc. cyan., when given to a healthy person in large doses, produces the diphtheritic exudation, if that is the case, it should prove a most excellent remedy in this disease. And in fact a case was published sometime since in the *Medical Advance*, where the exudation invaded every avenue of the body. The case was treated with this remedy alone with most excellent results. *Phytolacca* is a remedy indispensable in certain cases; *Hepar sulph.* if the case assumes a croupous character. Arsenic I have scarce ever used. If there are any particular remedies which have been more called for in my practice than any others, in this disease, they are *Lycopodium* and *Lachesis*.

Dr. Duncan.—I will make a few remarks in reference to gargles. In former years I used them in mild cases of croup and diphtheria. But the disease in some cases seemed to have been driven down into the larynx by the gargles, so that latterly I have come to believe they do harm. When I have a case which assumes the croupal form, I treated it as I would a case of membranous croup, and in a few cases of this kind which I have had my success has been good. As far as my observations have gone I have never found a case where both the upper and lower air passages were involved at the same time.

Dr. Davis.—I would like to ask if any on has used Chloride of Lime? and if so, what their experience has been?

Dr. Duncan.—We have some visitors, Dr. J. J. Davis and others; I move that they be extended the courtesies of the debate. Seconded and carried.

Dr. Foster.—There seems to be some evidence in favor of the theory of a blood-poisoning in this disease, but that which concerns us more is the treatment. I agree with Dr. Van Liew when he says that the croupal form of diphtheria is incurable. I have never seen a case cured except one, and that was one in which the diagnosis was doubtful. Of course we treat the patient homœopathically, or say we do, though in reality we prescribe not in accordance with the special symptoms of individual cases, but in accordance with general indications, such as we have learned as much from observing a few cases, as from anything else. Our treatment in the main is clinical, or rather empirical, instead of homœopathic. There are just three or four remedies which are used to meet the majority of cases and out side of these we seldom go in treating diphtheria. Some of the remarks made in regard to gargles are true, especially those in reference to alcohol. I have tried at



various times some twenty-five different kinds of gargles. The Bromide of Potash seems to have a very favorable influence; but my preference is for the alcohol. In adults I use it clear, but in young children of six and seven years old I of course use it in a dilute form, once in two hours. Its effect on the mucous membrane lining, the throat, as well as on the general condition, is absolutely good. For remedies, Aconite, the old, long-established, well-known Aconite, I believe, cannot be dispensed with. Iodide of Mercury stands in the foremost rank and should not be overlooked. Bichromate of Potash and Arsenicum are not far behind the Mercury. Hepar sulph. I have had no marked effects from in this disease, but is not often called for. It will be found most frequently indicated in the croupal form. Aconite, as in other diseases, is to be used in the first stage, on the first appearance of inflammatory symptoms. Iodide of Mercury, when the glandular derangement is most pronounced; when the glands are swollen, inflamed and very painful. Arsenicum, when the system shows marked effects of the blood-poisoning and there is rapid sinking of the strength. The Arsenicum will sometimes act as a tonic in these cases. In the later stages, when the exudation is slow in detaching itself, Kali bich. comes in. Aconite 2x, Iodide of Mercury 3x, Arsenicum 6, and Kali bich. 3x, and absolute alcohol for a gargle, are the remedies I have used in my practice in the treatment of diphtheria.

Dr. Barker.—Diphtheria is produced by atmospheric influences, in the same way as typhoid fever and cholera. What causes them we cannot tell. Sometimes these diseases prevail as epidemics. I believe they are general diseases instead of local ones. I believe diphtheria is a general disease and not a local one. In my experience, when patients have had severe attacks—high fever, suffer pains in the head, soreness of the whole side, pain in the back, pains in the limbs, I can safely rely on Aconite. I have great faith in Aconite; I use it in the mother tincture. Do not think I am a high dilutionist, but the mother tincture of Aconite has got me out of some tight places. When the disease gets full hold, when exudation has appeared and I recognize symptoms of rapid deterioration of the blood, I of course give the remedy indicated, but I also sustain my patient. Sustain your patient; if he cannot swallow then inject the food. I use Aconite, Kali bich. and Iodide of Mercury, and I prop up the action of my remedies with a sustaining diet, if the food cannot be swallowed I inject it. I had a case two years ago of the croupal form, diphtheritic croup; did not think the

patient would recover. Gave the Kali bich., low, that is strong, and on the third day the patient threw up a membrane five inches long and a full inch broad. The patient made a good recovery. I never hesitate about giving my remedies in doses powerful enough to act quickly. I use powerful remedies and give sustaining diet, especially if the patient is inclined to run down. In treating diphtheria I give my medicines strong.

Dr. Pratt.—My business is dressing sores and that teaches me but little about diphtheria; but in the latter stages there is some ulceration, and that is a condition with which I am somewhat familiar. In bad cases there is always more or less exudation. This exudation if pulled off will decompose and become itself a poisonous agent and re-infect the system. In the first place, the disease part, or rather the locality at which the disease expresses itself, should be kept clean. In the next place the strength of the patient should be sustained. Give remedies to counteract the effects of the putrid condition of the blood. A spray of Carbolic acid should be used to keep the parts clean. I prefer it to Alcohol, which will not do what Carbolic does. The spray is far superior to the swab or gargle, it answers all necessary purposes in the best way. It should be thrown up into the nostrils through the posterior nares, for in some cases the nose will be invaded by the disease. The spray should be passed well back two or three times; the water should be well, thoroughly carbolized and it should be warm. The membrane may come off in small portions, or almost whole. I have seen a long cast of the membrane passed from the mouth. In regard to remedial treatment my experience has been almost like Dr. Foster's. I use most frequently the Iodide of Mercury, though others prefer the Biniodide, and still others prefer the ordinary forms of Mercurius. One thing I feel compelled to insist on, that is, the use of the Carbolic acid, as I have tried it effectually. I have made use of the Alcohol and other gurgles; have fully tested them all. The Carbolic acid destroys the fungi which are said to be the same in diphtheria as those we see on mouldy bread and other substances in a similar condition. When the membrane is loose, take it off; keep the patient's room disinfected. The atmosphere of the room, tainted with the breath of the patient, should be kept as fresh as possible. It is said the best thing to sustain the patient is beef tea; this should be given as regularly as medicine, once an hour, or once in three hours, so often as the physician thinks best.

Dr. Barker.—One fact has just recurred to

me. In some cases where the cuticle was broken on the limbs of patients suffering from diphtheria, I have found an exudation covering the wound exactly like that seen in the throat of the patient. This convinces me that the disease is general, and that the blood has most to do with it.

Dr. Smith.—I merely rise to say one word. I was very much interested in the report presented by Dr. Van Liew's on this disease, and I think his suggestions and hints are very valuable. I was also much pleased with the remarks and criticisms of Dr. Foster. Although not now in active practice, I have had in former years something to do with this disease, and I would suggest a few remedies which I have found useful. After Aconite I used *Apis mellifica*; then gave *Mercurius iodat.*, which I like better than the *Binioidide*. Instead of *Hepar sulph.* I have found more service from the Bromine, second decimal attenuation. I have generally used the Bromine but would still have you bear in mind *Kali bich.* and *Hepar sulph.* *Arsenicum* in the latter stages—stages of prostration and hæmorrhages. But there is nothing so good as the suggestion to treat the patient according to the symptoms.

Dr. Gully.—Wish to say that I have used the spray with satisfaction. I have found *Phytolacca* very good in some cases; have not heard this remedy mentioned and thought it should not be overlooked. I prefer Carbolic acid to Alcohol.

Dr. Oliver.—I came here to listen to remarks not to make them. I would like to draw the attention of members to the *Mercurius cyan.*, which I have found very serviceable in many cases. Its characteristics seem to correspond very closely with the leading symptoms of diphtheria. Frequently after prescribing this remedy the patient has perspired freely within twenty-four hours; this we all know is a very favorable sign.

(On motion adjourned until 2 P. M.)

*To be Continued.*

#### PERSONALS.

- Dr. M. Krider has returned to Goshen, Ind.  
 Dr. L. E. Carrier has located at Batavia, Ill.  
 Dr. E. E. Holman has located at Warren, Ill.  
 Dr. A. K. Johnson has located at Pontiac, Ill.  
 Dr. C. C. Pillsbury has located at North Evanston, Ill.  
 Dr. A. P. Bowman has located at Kansas City, Mo.

Dr. J. W. Whidden has located at Lancaster, N. H.

Dr. D. E. Foristall has located at Clinton, Iowa.

Dr. J. N. Woodworth has located at Rockford Ill.

Dr. I. W. Brown has located at Beachville, Ontario.

Dr. D. E. Lane has located at Lead City, Black Hills.

Dr. I. W. Primm has removed from Athens to Pittsfield, Ill.

Dr. M. H. Chamberlin has located at Waverly, Iowa.

Dr. T. Anderson has located at 427 W. Madison, Chicago.

Dr. J. A. Lucy has removed from Lexington to Louisville, Ky.

Dr. W. C. P. Butman has removed from Hartford to Macon, Mo.

Dr. W. Underwood has removed from West Berkshire to Fairfax, Vt.

Dr. Walter M. Duke has removed from Jackson to Nashville, Tenn.

Dr. G. W. Stevens has removed from Providence, R. I., to Groton, Mass.

Dr. Isaac A. Barber has removed from Easton, Md., to Camden, N. J.

Dr. Wm. Tod Helmuth has removed to 299 Madison ave., New York City.

Dr. Geo. D. Streeter, has removed from Hot Springs, Ark., to Waco, Texas.

Dr. John C. King has removed from Allegheny City, Pa., to Circleville, Ohio.

Dr. C. F. Kuechler has removed from Leavenworth, Kan., to Kansas City, Mo.

Dr. S. W. Rulledge has removed from Nora Springs, Iowa, to Rose Creek, Minn.

Dr. G. E. Chandler has removed from Three Rivers, Mich., to Cambridge City, Ind.

Dr. W. H. Burt has removed his office to 112 Dearborn st., and is very pleasantly located.

Dr. Charles Deady has been elected an assistant surgeon to the New York ophthalmic hospital.

Dr. H. B. Feltows and F. H. Foster have removed to 126 State street, Chicago. Dr. Foster makes a specialty of eye and ear diseases.

Dr. Lelia G. Bedell, of Indiana, and Dr. Sue A. White, of Utica, N. Y., have formed a copartnership and located at No. 354 North La Salle street, Chicago.

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Illinois State Homœopathic Medical Association.—Personals.	

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JULY, 1878.

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## PUBLISHERS' PARAGRAPHS.

Subscription, \$2. a year in advance.

Notwithstanding we have set nearly one-half of this number in small type, and, also, added several pages, we still find ourselves cramped for room; we have therefore thought best to omit, entirely, the reports of the various conventions held of late and devote all our space to perhaps more useful matter. The August number promises to be unusually interesting.

All articles for publication should addressed to the editor, J. P. Mills, M.D., 125 Western avenue, Chicago. Subscriptions, advertisements, etc., to A. L. Chatterton & Co., 121 Dearborn street, Chicago.

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REMEDIES EMPLOYED IN AND CLIMATE FOR NASAL  
CATARRH.

C. E. FISHER, M.D., SAN ANTONIO, TEXAS.

The homœopathic materia medica abounds in remedies which may be of very great service in the treatment of this very annoying and sometimes very troublesome disease, and fortunate it is for the busy practitioner that a great number of these have been found and clipped by careful minds, until the number of really useful remedies has been reduced to a very respectable minimum. Many of our authorities give reliable and *practical* indications for the selection of the proper remedy, none of which do I find so generally helpful as that practical *monograph* on Nasal Catarrh, written by Dr. Morse, of Memphis.

I must, however, beg leave to differ

with the author in his wholesale denunciation of the nasal douche, and the use of remedies topically, either by the douche, inhalation, or by direct application to the diseased surfaces. While in a large majority of cases treated the douche is not called into requisition, yet I do meet with a case now and then which is very materially benefited by the use of medicated solution applied to the diseased nares, by means of the douche, or by inhalation, and a satisfactory termination of the case is much more speedily brought about when local and internal treatment were combined, in a very large number of instances.

I am not an advocate of the indis-

criminate use of the douche. Neither am I an advocate of its indiscriminate denunciation. When I believe, as I often do, that tepid water medicated with Tincture of Hydrastis, Hamamelis or Calendula, as the case may be, or with Kali bich. or Natrum mur., will be of benefit to my patient, I use the same, either by means of the douche or by application to the nostrils by throwing the head forward and downward and applying the liquid to the anterior nares by means of a bottle held to the nostril. This I find to be a very convenient mode of administering the remedy selected, and preferable in many instances to the old method because no force or harshness is used, while in the latter there necessarily is both.

The remedies I find most frequently indicated in the treatment of chronic catarrh are few in number, and I seldom have trouble in selecting the agent because of the dissimilarity of the symptoms.

#### MERCURIUS JODATUS.

I find Merc. jod. indicated in more cases than all other remedies in the materia medica combined. Its characteristics, which are present in nearly every case I meet with, are, dark redness of the fauces; elongation of the palate, with collection of yellowish mucus behind; enlargement of the tonsils, which are sometimes covered with yellowish or whitish patches, small in size; *collection of tough, yellow mucus in the posterior nares which partially drops into the throat, causing constant inclination*

*to hawk and spit*, in order to clear the throat and nose.

My attention was first called to the above italicized symptom by Dr. Holcombe some years ago, since which time I have verified it repeatedly. When this symptom has been presented a few doses of the second centesimal trituration of the Protoiodide of Mercury has invariably proven itself, to me, to be a trusty and reliable agent.

#### KALI BICHROMICUM.

Kali bich. is indicated oftener than any other remedy, except the Protoiodide of Mercury, in my practice, and it is one of those remedies which I have learned to use locally as well as internally. The symptoms which lead me to use Kali bich., are, catarrh worse in warm, damp weather, constant snuffing at that time, as in recent cold; discharge of crusts slightly tinged with blood; pain at root of nose; *dull, heavy headache* in forehead, which causes mental depression. Symptoms relieved by *pressing tightly* the bridge of the nose, between the thumb and finger. When caries of the nasal septum and ulcerated condition of the Schneidrian membrane are present, I apply the remedy locally by dissolving twenty grains of the first decimal trituration in two ounces of water, using no force in its application—giving the third decimal trituration internally.

#### KALI CARBONICUM.

I find Kali carb. useful when there is a *contractive* or pinching headache in

forehead and root of nose, accompanied by fluent coryza.

#### HEPAR SULPHUR.

Hepar sulph. comes in well in children and young subjects, when the nasal organ is *extremely* sensitive to the touch, swollen and red; and when the patient takes cold very easily, the discharge being thick and tenacious, the nares feeling raw after the discharge of mucus.

#### LYCOPODIUM.

Lycopodium is not often indicated in the treatment of catarrh, but Dr. Morse records an odd symptom which I have met with recently in two cases, in both of which the remedy proved curative after many others had failed. The symptom referred to is, "discharge of elastic plugs." One patient, treated recently, expressed himself, "the plugs, when discharged with force upon the walk, bound and roll like rubber." Lycopodium 30th trituration, a small powder at bedtime, cured this and his catarrhal headache and despondency in two weeks, and he has had no return of any catarrhal symptoms for over four months.

#### NATRUM MURIATICUM.

This remedy proves of value where there is roaring and buzzing in the ears and head, with inability to work, or read, or to think, even; dryness and tingling-burning sensation in the nose, with sudden, unexpected discharge of clear mucus, lasting but a few minutes.

The remedies enumerated above, are nearly all that I have occasion to use. Arsenicum, Sulphur, Pulsatilla,

Nitric acid, Phosphorus and Sanguinaria, sometimes coming into use but very seldom. Hydrastin is of no use to me, excepting as a local application. As such, I sometimes have every reason to be pleased with its action, but as an internal remedy, I find that I meet with no response from it. Why this is so I cannot tell. Dr. Morse pronounces it invaluable.

#### CLIMATE IN CATARRH.

No matter how clearly the indications for the homœopathic remedy may be presented, *very many* cases of nasal and laryngeal catarrh cannot be cured in the climate in which they originated, especially is this true in the vicinity of the lakes and the larger rivers, and in the cities and manufacturing towns where the air is filled with coal and other fine dusts, which greatly irritate the inflamed membrane and tend to keep up the disturbance in spite of the constant efforts of physician and patient to bring about a recovery. Such cases should be sent to another climate where the disturbing agencies do not exist, and recovery often follows without the use even of remedial agents. I meet with very many subjects in Texas who have come to this climate because of catarrh, and the larger number have thoroughly recovered without the use of medicines. Their recovery would doubtless have been very materially hastened had they have used the properly indicated homœopathic medicines in connection with their out-door exercise, as very many have done with benefit; but



they have recovered nevertheless. Other states may claim a superior climate for catarrhal diseases, and justly perhaps, but I know of none superior to that of western Texas, and I have found hundreds of persons who were afflicted with chronic catarrh of the nose and throat when

they came to San Antonio, who are entirely cured. I am among that number, and I have many patrons who are thankful with myself that they have been cured of this very distressing disease, by the health-restoring climate of western Texas.

### A NEW INDICTMENT AGAINST THE LIVER.

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*Read before the Illinois State Homœopathic Medical Association.*

Of all the organs which compose the body, the liver is the most puzzling to the physiologist, the most interesting to the pathologist, and, unquestionably, the most profitable to the general practitioner.

To the physiologist it presents the problematical phenomena of a multilobular organ, having a double anatomical structure; a double circulation; a double function, and a double secretory product. Indeed, physiologically considered, the liver is the great original *duplex*, while *anatomically*, it is the enigmatical *quintuplex*; for it has five lobes, five vessels, five ligaments, five fissures, and, singularly enough, five letters spell its name. It performs at once the function of a true secretory gland, and also the peculiar function of a ductless gland. It is elaborative and depurative; excrementitious and recrementitious; a solitary gland it yet is agminate.

Functionally considered it takes the meanest portions of the blood and evolves the most refined products therefrom. It produces the very nectar of the blood and evicts therefrom the most thoroughly effete of all its elements.

Blondlot has demonstrated (apparently) that the bile is not essential to the life and health of a dog, yet all authorities agree that it is a necessary and essential element in the life of man. Having no direct influence on any separate class of alimentary principles its presence and influence is nevertheless essential to nutrition. But this is only one of the enigmas which the liver presents. There is scarcely a question regarding the biliary secretions upon which authorities are not divided, some holding one opinion, while others, equal in number and character, hold precisely the opposite. The liver, therefore, is a

physiological paradox, an incorporate sphinx, a living anomaly, a superfluous organ that we cannot possibly get along without.

A "conglomerate gland," according to the dictionary; its structure is conglomerate, its circulation is conglomerate and it is conglomerate in its function, its attributes, and in its vicissitudes.

To the pathologist, the liver is a massive mystery. Its acute affections are supralatively acute, while its chronic ills are among the most insidious and the most persistent of any that doctors have to deal with.

Occupying, in its normal condition, more space than any other single organ, it will on occasion swell up and crowd the stomach, the lungs and bowels, and even the heart. A veritable scavenger, depuratory especially to the nervous system, it will load the biggest and healthiest brain with its own filth and muddy its clearest and deepest depths. Other organs will suppurate and perish; the liver will degenerate and slough and make of itself a habitat for worms, and yet not die. When the liver is on its good behavior, it will take the grossest beer, the meanest whisky, and the worst of brandy and make good reputable bile and sugar out of them; and then turn round and out of fruit and the purest nitrogenous matters, make little else but fat, and fill its own parenchyma with that. It will not only crowd the stomach out of place but reverse its motion and stop its function, by upsetting the law of gravitation and filling that viscus full of bile.

The affections and miseries to which this remarkable organ has fallen heir are almost innumerable.

William Stokes enumerates over thirty different diseases to which the liver is directly liable, while no one has, to my knowledge, ever attempted to compute the different maladies in whose course, first or last, the liver takes a hand. No other organ in the body has been doctored so much or needed it more, not even excepting the modern uterus. No organ has less appreciated the attentions bestowed upon it. A vital organ the liver must be or it would long since have been doctored out of existence, and its species become rudimentary if not extinct. The pills, and the powders, and the potions; the cataplasms, and the cholagogues; the solids and liquids that have been manufactured for the rejuvenation of the decrepid livers of a credulous and liver-written public have built many a pretentious warehouse and princely palace. If I were to advise a novice just beginning the practice of medicine as to what special organ and its diseases he should first prepare himself to treat, I should unhesitatingly say, *the liver*. For the chances are a hundred to one, that, no matter what ails his first patient, if he charges the liver with being at the bottom of the trouble, that phlegmatic organ will either plead guilty to the indictment and be guilty in very fact, or its owner will be ready to admit that the presumptive evidence is at least in favor of its being an accessory, and the young doctor's first

fee will be considered well earned, whether his patient gets well or not. If he does get better the doctor certainly will get full credit for acumen and skill; and if not, the failure will be considered due to the innate and well known perversity of the organ itself, and a resort to the bitters, with which every well-regulated family is supposed to be supplied, will help out the prescription of the new beginner. And if the new practitioner could, from this commencement, go on and monopolize the treatment of the universal liver, and himself prescribe for its various ills and foibles, he would possess a mine of wealth compared with which the "Big Bonanza" and the "Consolidated Virginia" would be utterly insignificant.

Do not understand by this that I accuse the liver with being responsible for all the ills which flesh is heir to. This charge has been made, but not by me. I respect the liver. It has its virtues as well as its vices. That it is mixed up in more invalidism than any other organ I verily believe, but that it is responsible for all the various maladies that tend to make life miserable and keep doctors busy, I do not believe.

But there is one disease, and that, a most painful and obdurate one, which, in its inception and origin is, I believe, directly traceable to the liver, and I am not aware that this charge has ever before been thus specifically made. I refer to, acute inflammatory rheumatism.

I am aware that the liver has been

charged with participation in almost every other affection, and by insinuation and inuendo has been charged with being a *particeps criminis* in this one, but I find no record, in my reading, of the liver being definitely and distinctly charged with being the principal organ involved in the causation of this malady.

But I herewith make the charge, and have at hand what I regard as ample evidence to substantiate it.

I make the specific charge, then, that disturbance of the liver is not only frequently associated with rheumatism, but where the rheumatic diathesis is present the liver is most commonly at the foundation of a rheumatic attack. Indeed, I will go still farther, and charge the liver with being the *fons et origo* of rheumatism in general, whether the peculiar diathesis be present or not.

I believe this for the following reasons:

1. In the vast majority of cases of rheumatism which I have attended, a manifest disturbance of the biliary function has co-existed, and has commonly pre-existed, as evidenced by the subjective symptoms of the patient.

2. In my experience, in cases of "biliousness"—using that term in its common acceptation—attended by furred tongue; bad taste in mouth; vertigo; loss of appetite and ambition; tired feeling; drowsiness; sleepiness, and others of that long train of symptoms that indicate unmistakably a torpid condition of liver; in these



cases, I say, my experience is that in a large majority of them, pains of a rheumatic character have been associated in a greater or less degree.

3. In talking with old rheumatics—those who have had several distinct seizures of rheumatism—I have been told by most of them, that they never had an attack of rheumatism *so long as the liver was all right*. Inheriting as I do, the rheumatic diathesis in all its vigor and exuberance, I have watched the beginnings of the slight attacks, which I have thus far had, and I can fully confirm the truth of this observation. I think I have never had a twinge of rheumatic pain unless it was accompanied or preceded by the distinct phenomena of biliousness.

4. The action of cold, which is popularly, and I think justly, regarded as the most common of the exciting causes of rheumatism, is also the most prolific cause of glandular disturbance, especially of the depuratory glands. The excretions, it is well known, arise almost wholly from that retrograde metamorphosis, which is constantly going on in the tissues, and the matters which have thus become effete, after having served their purpose in the economy and are to be cast out of it, pass out in the form of soluble salts or soluble acids. These salts and acids we know are poisonous if retained within the system. Some of the secretions are also products of waste, partially at least. These products being re-elaborated by the healthful action of their proper glands. Aside from carbonic acid, the exhalation

of which, by lungs and skin, amounts to from eight to twelve ounces per diem, the excrementitious elements of the bile exceed all the other excretions, not excepting urea and its compounds—the urates. The first effect therefore of an inactive or indolent liver is to load the blood and the tissue with morbid elements or half elaborated products, which are manifestly mischievous and capable, under favorable circumstances, of producing disease.

5. It has long been held that the organic acids—notably the lactic and hippuric—in a chrystalline or insoluble form, are the prime cause of the rheumatic phenomena, and, while it is not clear just how and why these acids should, under certain circumstances, appear in this toxic form, and why, from being physiological they should be suddenly transformed into pathological elements, yet it certainly is logical and plausible to ascribe the fault to perverted glandular function, since it is solely by and through glandular function that all nutritive changes occur. As the liver is the largest and most complicated gland and its glandular products are the most considerable, it is surely doing no violence to logical sequence to look to this organ for the cause of vitiated glandular products.

6. The therapeutics of these two affections, “biliousness” and rheumatism, are almost identical. No two remedies—unless it be one to be named hereafter—have had equal repute in the treatment of rheuma-

tism with Mercury and Iodine, whose specific action on glandular structures is recognized and utilized by all schools of medicine. The pathogeneses of Mercury and Iodine together form a complete picture of the different forms and phases of both rheumatism and biliousness. The latter, indeed, is the key-note for Mercurius. No other remedy in the materia medica has so many well marked symptoms which grouped together we by common consent call by that name; while Iodine produces those sharp, piercing, fugitive pains in muscles and joints which are so characteristic of rheumatism, and both remedies have a physiological action upon and a special affinity for the glandular structures in general, and the liver in particular.

7. In attributing the cause of rheumatism to some disturbance of the liver primarily, it is not necessary nor is it claimed that the liver, when its function is interfered with, should always produce the phenomena of rheumatism. For example, the bile may be deficient at one time in one element and at another time in another. The liver may secrete its normal amount of bile, but from obstruction this bile may not find its proper exit and be reabsorbed, producing jaundice without rheumatism or other change in the system save the phenomena of icterus. To produce rheumatism I presume there must be some *vitiatio*n of the bile or some partially elaborated product of waste which the liver does not or can-

not eliminate—some partly oxidized element perhaps, which it cannot elaborate and which retained in the body irritates the fibrous or serous tissues, (?) and therein causes pain and the phenomena which we designate rheumatism.

8. The newest and perhaps the best remedy for rheumatism which has yet been offered to the profession is curiously enough strongly suggestive, in its origin and clinical history, of rheumatism and biliousness having one and a common cause. This remedy, Salicine, the alkaloid of willow bark, has received the enthusiastic endorsement of many European physicians of celebrity, and is rapidly winning its way to favor in this country by its paramount success in rapidly controlling the pain and quickly removing all traces of the rheumatic dyscrasia. Dr. Maclagan, of Dublin, who first drew attention to this remedy, was struck with the analogy between the phenomena of rheumatism and intermittent fever, and knowing something of the value of the remedy in the latter disease was led to try it in the former. His success and the success of others who have given it extensive trial, leads us to hope that, at last, we have a really reliable and trustworthy remedy against this most painful affection. But without discussing the question of the therapeutic value of Salicine, which seems to be granted by all who have used it, I simply wish here to make the point that the same remedy which has been greatly serviceable

in the cure of a conceded malarial disease, which uniformly affects the liver, is found of still greater efficacy in the complaint under consideration.

9. The glandular theory of the origin of the so-called zymotic \*diseases, as promulgated by Richardson, explains as no other theory has ever done, the various phenomena which distinguish pathological from physiological action. While Richardson applies his theory only to the zymotic or communicable diseases, I would go farther than this and attribute all those diseases which originate in or primarily affected the vegetative system—I mean the constitutional or diathetic diseases—to perverted glandular function by which the glandular secretions first become vitiated and then become septic.

10. And finally; if the liver is

\*See Braithwaite's Retrospect, Jan., 1878, article Glandular Origin of Disease, by E. W. Richardson, F. R. S., etc.

really innocent of the charge herein preferred, it surely furnishes a notable example of how a bad reputation may give rise to false accusations, and tends to show that, in physics as in morals, a good character is a shield of honor. But I have no qualms of conscience in accusing the liver with responsibility in the production of rheumatism, for I have seen this disease so often and so generally associated with a distinctly bilious condition, and a bilious condition so generally combined with a rheumatic attack, and the two diatheses so uniformly intertwined, that I cannot regard the association as a mere coincidence, but am forced to the conclusion that in some way or another the two affections bear a relation to each other of cause and effect. If this be not so, my experience must be exceptional, and the coincidence I have mentioned, is certainly very curious.

## OLEUM TEREBINTH. IN BRIGHT'S DISEASE.

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I promised through the HOMŒOPATHIST to give to the profession my experience in treating albuminuria with Oleum Terebinth. I do not wish it understood that I cure every case, or that it is the only drug I use, for it is not, but I do believe it is a drug indicated in nearly every case, at some stage of the disease, in the sub-acute or chronic form.

Flint says chronic Bright's disease is always incurable and will destroy life sooner or later; then *we can* show to the world the superiority of homœopathy over any other treatment, if that is the final verdict of allopathy.

One very important thing is an early diagnosis, and that can only be accomplished by the microscope, though there are symptoms of great



importance, such as double vision, amaurosis, vertigo, etc., which should always put us on our guard. Swelling of eyelids and face will not show themselves until albumen is found in the urine, and Bright's disease may exist for some time before albumen is present, and can only be detected for a certainty by the microscope. A case to the point:

Mr. G., aged sixty-five years, a strong, healthy man, who had never been sick, came to me for slight dyspeptic trouble for which *Nux* 3x was given. I met him a few days after on the street, he said he felt as though he was going to pitch forward on his face when walking, and at times was very much annoyed by seeing double—two men where there was only one—and loss of eyesight; he said, "guess it is my age, and don't need medicines." I questioned him farther and found he had pain over kidneys when tired. Urine seemed about normal in quantity. I asked him to send a bottle of urine to my office, which he did. I found it a little darker than normal, but could not find a trace of albumen either by heat or Nitric acid, but the microscope revealed blood corpuscles. I examined his urine every two or three days with the same result.

He would not take medicines, for, he said, "I feel well enough generally, am only getting old and medicine will not make me young again." It was two months from the first examination before albumen was found by the usual tests, and another

month before the eyelids and face began to swell, and there was quite an amount of albumen, and blood could be seen with the naked eye at times, swelling of the feet rapidly followed.

At this stage he got frightened and was willing to take anything to get well.

I gave him *Oleum Terebinth.* 1x every three hours, for a week, then 3, 6, 12, 30, etc. In two months every trace of albumen and blood had disappeared, and in three months I discharged him cured.

Treatment commenced in this case at a stage when any one could have easily diagnosed Bright's disease, the cure was rapid and sure, as it has been more than a year since he was discharged. If he had submitted to treatment sooner, the cure would have been accomplished in much less time. I could cite a number of cases but this is sufficient to show *Terebinth* symptoms.

In acute albuminuria, following eruptive diseases, I have found *Apis mel.* sufficient to cure in nearly all cases, but *Terebinth.* is more specially indicated in subacute or chronic cases. Where disorganization of kidney has gone too far, of course nothing is going to cure, therefore the importance of an early diagnosis. The special indication of *Terebinth.* are, blood corpuscles in urine, and whenever it is found, *Terebinth.* will do good and *not* without. I *always* commence with the low dilutions and when the albumen and blood corpuscles begin to disappear, give a

higher attenuation every week or ten days, going to a higher until the cure is complete, other intercurrent remedies may be needed to meet indications. The diet should be plain and nourishing, and a great deal of fruit should be eaten to keep the bowels in a healthy condition. If the patient is

weak and ænemic I take a coarse bath-towel, dip it in strong solution of rock salt and allow it to dry, and have the patient rubbed from head to foot every morning with this towel, it keeps the skin in a good, healthy condition, and gives a good deal of vitality to a patient.

### THE METHOD OF MAKING AND USING THE "IMPROVED CLOTH TENT."

E. W. BEEBE, M.D., JANESVILLE, WIS.

One year ago I read a paper before the Wisconsin State Homœopathic Medical Society, (subsequently published in the November number, Vol.

applications, and having recently devised some improvements in the making of the same, rendering their use simpler and more efficient in the



Fig. 1.

I., of the HOMŒOPATHIST), on The Use of the Cloth Tent in the Treatment of Chronic Uterine Inflammation, and, inasmuch as the treatment recommended at that time has been so uniformly successful in the hands of those who have properly made the

hands of the beginner, it may not be out of place to answer many inquiries in regard to the same through the columns of the HOMŒOPATHIST.

With your permission therefore I will give in detail the method of making and using "the improved cloth

tent." For the theory and the indications for the remedies used I refer to my paper above mentioned.

The necessary articles for the making of the tents are an ordinary roller or strip of *fine* cambric, one and one-fourth inches in width, some straight pieces of covered bonnet-wire, two and one-half inches in length, and a large needle armed with common wrapping cord. These, with a heavy pair of shears, are all that is necessary for any one to make tents equal to the best, with but little practice.

The use of the wire renders the construction of the tent much easier, and makes it stiffer, it can therefore be made much smaller in size, will retain any curve given them, consequently they are better adapted to the use of the general practitioner.

Cut No. 1, of the accompanying engravings, shows the position of the wire when commencing to wind, and No. 2, the finished tent.

The roller should be wound *tightly* about the wire, the end being covered by at least three-eighths of an inch of cloth to prevent injury to the uterine walls in its introduction. The necessary obliquity should be given to each turn of the roller to make the tent of the desired size and uniform from end to end, and when finished should be three inches in length, cone-shaped, pointed at one end, and from one-fourth to three-eighths of an inch in diameter at the other, which should be cut off equally with the shears, and the cord sewed in and left a foot long, to the middle of which is

attached a tampon of cotton as large as a large walnut.

When desired for use the tents are saturated in Tinct. Iod., Carbolic acid sol., Sul., Copper, or any medicine desired, and then coated with Cosmoline. The speculum is then introduced into the uterus, fixed by the tenaculum, hooked in the pos-



Fig. 2.

terior lip of the os, (this being less sensitive than the anterior,) and the tent passed to the fundus by means of the common uterine dressing-forceps, or, what is still better, a slide catch forceps, devised by Professor Danforth for that purpose. The vagina is then syringed with tepid water and the cotton tampon saturated with Glycerine, (which can also



be medicated if desired,) and packed closely around the os to hold the tent in place. They are allowed to remain from twelve to twenty-four hours and are removed by the patient when desired.

A new use for the cloth tent has been devised which bids fair to be of great benefit in a certain class of cases which have heretofore been considered almost incurable. I refer to *flexions* of the uterus, which are nearly always complicated with some form of chronic inflammation, and which most gynecologists do not attempt to cure but are satisfied to relieve the inflammatory troubles without attempting to right the deviations.

For the treatment of these cases I make tents of cloth wound as before, except the roller should only be *one inch* wide, and in place of the wire center I use two or three thicknesses (or pieces) of watch spring laid together, which should be broken in

pieces two and one-half inches in length, having the necessary or similar curves of the organ to be straightened. Of course this makes a curved tent, which is then to be soaked in a thick solution of gum arabic, medicated as desired, after which it is carefully bent until it assumes a curve in the opposite direction, and kept so till thoroughly dry by means of small nails properly arranged on a board. When dry give another coat of the gum to polish and the tent is ready for use, which, when moistened by the secretions assumes its normal curvature straightening the organ and keeping it in place as well as applying the necessary medicine to relieve inflammation, congestion, etc.

These can be kept in place three or four days and then removed, the uterus cleansed and fresh one used, the patient of course keeping moderately quiet in the meantime.

## DYNAMIC ELECTRICITY.

C. W. BOYCE, M.D., AUBURN, N. Y.

### IV.

Dynamic electricity is, particularly, electricity in motion. Its type is that which results from chemical action. The induced current is also of this variety. Electricity from chemical action is as universal as chemical action itself. No chemical action ever takes place without electricity

being set free. It is with this electricity that we have to do, principally, in physiology, in medicine, in science, and in art.

Physiologically, the everywhere-present vitality and the everywhere-present electricity; so universal that they have been thought to be one and the same. The innermost processes

of nutrition presided over by vitality are always accompanied by manifestations of electricity, and here, where the effete matter is thrown off and replaced by new, is the everywhere-present chemical action — carbonic acid formed and removed, nutritious atoms and oxygen taking its place. No thought nor muscular action, no secretion nor assimilation but is presided over by vitality accompanied by chemical action and manifestation of electricity. No atom of the animal system but is undergoing constant change accompanied by electrical phenomena. Whilst vitality remains, organic chemistry presides and preserves; when vitality departs, inorganic chemistry destroys.

The galvanic battery is the principal source of the manifestation of dynamic electricity, and with the construction and working of this apparatus we must be familiar in order to use electricity with pleasure to ourselves and profit to our patients. In order to this understanding it is necessary for us to begin at the beginning. Not at the discovery of galvanism, but where it began to be understood that although chemical action always developed a current, this current was liable to be interrupted and so interfered with that it became unreliable and finally ceased to flow.

Volta's pile, when first set in action, gives a good current of electricity, but begins to diminish from the first, and gradually ceases to work. The construction of this pile is a series of zinc and copper plates, and pieces of cloth

of nearly the same size as the plates. First, a zinc plate; second, a piece of cloth, and this saturated with acidulated water; third, a copper plate; again another series of zinc, cloth and copper, and so on *ad libitum*. The terminal plates are connected by a copper wire. The chemical action in this apparatus is, that the acidulated water attacks the zinc and a combination takes place between the acid and the zinc, forming a salt of zinc. The water is decomposed and its component parts separate and go in different directions. The oxygen goes to the zinc, and the hydrogen to the copper. The result of this is that after the plates become covered by these gases there commences another current, generated by the oxygen and hydrogen, which flows in a contrary direction to the zinc-copper current, and as it accumulates in strength finally overcomes the original current and the apparatus ceases to work.

We select as the next step in our investigation a description of a simple battery, composed of two metals and one liquid; one which has been and still is used to a considerable extent. One of these metals must be more easily acted upon, chemically, than the other; and those metals which are the most unlike in this respect make the best battery. It is not imperative that there should be two *metals* to form a battery, for the galvanic current may be started whenever two substances holding the above relation to each other are properly connected. The gases oxygen and hydrogen hold

the proper relations to each other to form a battery, a description of which will be given in due time. Of the metals, zinc is used almost universally owing to its cheapness and its property of being easily acted upon chemically. Copper is the next metal in most common use, and is very little acted upon chemically. Silver, platinum, and gold, are better than copper, since they are more nearly indestructible, but owing to their cost they are not commonly used. Carbon is both indestructible and cheap, and is coming into use quite extensively.

*The fundamental principle of a good battery is that one of the substances must be easily acted upon chemically, and the other as little as possible, the greater the difference the greater the current of galvanism made manifest.*

Let us now take as our illustration, the simple battery, composed of a zinc plate, a copper plate, and dilute sulphuric acid. As soon as the zinc and copper are immersed in the acid solution and a connection made between the metals outside of the solution, chemical action takes place between the acid-water and the zinc and a current of galvanism begins to flow, in the solution, from the zinc to the copper and out of the solution, through the conductor, from the copper back to the zinc, thus forming a circuit. This battery when new works well and gives a good current of galvanism, but soon begins to lose its activity and finally gives little or no current. For general and medical purposes it cannot be relied upon.

If we examine the chemistry of this battery we may see why it so soon loses its power. It is quite important that we should understand this process, since it explains just where nearly all trouble arises in the use of galvanic electricity. The zinc and the sulphuric acid having a great affinity for each other, and being in immediate contact, they unite by the aid of the water and form sulphate of zinc. In doing this, an atom of zinc first unites with an atom of oxygen, thus forming an atom of oxide of zinc. This atom of oxide of zinc then unites with an atom of sulphuric acid and forms an atom of sulphate of zinc. This salt remains in solution. The atom of oxygen which unites with the zinc is obtained by the decomposition of an atom of water which is in immediate juxtaposition with the zinc plate in the solution. This sets free an atom of hydrogen. This action is constantly going on. Sulphate of zinc being formed and remaining in solution, and hydrogen being set free. A part of the hydrogen thus set free rises immediately to the air and is diffused therein. A part, however, is not thus disposed of, and it is with this part that we are now interested. There is a decomposition of not only that atom of water which is in contact with the zinc plate, *but of all the atoms of water between the zinc and copper plates, and immediately a recomposition of new atoms of water*, so that the atom of hydrogen set free at the zinc plate unites with the atom of oxygen of its nearest neighbor atom of water



thus forming a new atom of water, and this atom of hydrogen thus set free takes the oxygen of its nearest neighbor atom of water, and so on until the copper plate is reached, each atom of oxygen moving at each change one step toward the zinc plate and each atom of hydrogen moving at each change one step toward the copper. Thus there is a constant supply of oxygen arriving at the zinc plate, and a constant supply of hydrogen arriving at the copper plate. This hydrogen adheres to the copper and soon, unless dispersed, entirely covers the surface of the copper. When this point is reached, the copper is separated from the liquid by a layer of hydrogen, and this layer of hydrogen does not allow the galvanic current to pass off, rather interrupts its passage. This is called polarization of the plates. To avoid this polarization is what we wish in the construction of the battery. (In Suree's battery, silver, on which has been precipitated finely-divided particles of platinum, is substituted for the copper, and this has been found to work well; the hydrogen not being able to adhere to the rough platinized-silver, but rises to be dissipated in the air).

In the zinc-copper battery, above described, any process which will dislodge the hydrogen restores the conditions necessary to a battery. Stirring the liquid washes off the hydrogen. Lifting the copper plates out of the liquid also dissipates it. This, however, requires too much attention, consequently other batteries have

been invented which prevent the accumulation of hydrogen on the copper plate, one of which does its work so well that, so far as I am informed, it is being used quite generally in telegraphing and also in medical electricity. This is a modification of Daniel's battery, and is called the gravity battery. In this battery the copper plate is immersed in a saturated solution of sulphate of copper, which is placed at the bottom of an appropriate jar. The zinc plate is suspended above the sulphate of copper solution in dilute sulphuric acid. The sulphate of copper solution being heavier than the dilute sulphuric acid retains its position in contact with the copper plate, whilst the sulphuric acid solution being lighter remains in contact with the zinc. A surplus of sulphate of copper is necessary in order that it may be dissolved as fast as decomposition takes place by the chemical action, so as to keep the liquid about the copper plate in a state of saturation.

The chemistry of this battery is, that as the dilute sulphuric acid acts upon the zinc forming sulphate of zinc, the liberated hydrogen, which does not immediately escape, travels by electrolosis toward the copper plate, where, instead of adhering to the copper, it decomposes an atom of the sulphate of copper solution, precipitating the metallic copper upon the copper plates, thus increasing its bulk, and then uniting with the atom of oxygen set free, forming an atom of water. The sulphuric acid set free

remains in the solution replacing to some extent the acid used up in forming sulphate of zinc.

Two things are necessary in order to keep this battery in constant action, viz., to add from time to time sulphate of copper as this salt is used up, and to add what water is lost by evaporation. Practically this battery is found to act constantly for a long time if proper care is used not to stir the liquid so as to bring the sulphate of copper solution in contact with the zinc. This accident soon destroys the action of the battery, in this way: when the zinc is in contact with a sulphate of copper solution the hydrogen set free on its surface immediately decomposes an atom of sulphate of copper solution, precipitating the copper on the zinc plate in the form of an oxide, which soon covers the zinc and destroys the conditions necessary to a battery, by opposing copper to copper. Those of us who formerly used the electro-magnetic machine, where the battery was composed of a copper cup containing sulphate of copper solution in which was suspended the zinc plate, will remember how difficult it was to keep the zinc clean. We were obliged to scrape off the oxide of copper with a knife almost every time the machine was used. With perfectly pure zinc this deposit is slight, but it is difficult to obtain perfectly pure zinc. Ordinary zinc contains some proportion of other metals, or other impurities, which, in the acid solution, form independent local currents (or inde-

pendent local batteries), and these currents also cause the oxide of copper to be deposited. To some extent amalgamating the zinc plates remedies this tendency, since the amalgamated zinc closely approximates to pure zinc for battery purposes. In the zinc-carbon batteries what hydrogen arrives at the carbon plates is absorbed by the carbon and does not interfere with the galvanic current, unless the carbon becomes completely saturated and the surplus separates the carbon from the liquid. In this case immersing the carbon plates in boiling water removes the hydrogen and restores its efficacy. The substances used in the solution in these batteries unite chemically with the liberated hydrogen and thus prevent almost entirely this deposit.

By the use of the gravity battery we have succeeded in obtaining a constant current of excellent quality and fair quantity, and we have got rid of the difficulty of the polarization of the plates only to encounter it out of the battery at the electrodes. A current of galvanism always produces electrolysis of any liquid through which it passes, whether in or out of the battery. (The process of decomposition of the water above described, is called electrolysis). If we place the poles of a galvanic battery, whilst in action, in water, the water completes the circuit and the current passes through the water. Bubbles of gas appear at either pole, oxygen at the positive and hydrogen at the negative pole. The same result fol-

lows when the current is passed through animal tissue. *All liquids* through which the current passes are decomposed and again immediately recomposed, the same as we have seen takes place in the battery whose chemistry has been above described, and if sufficiently prolonged sufficient polarization is produced at the electrodes (or poles) to arrest the galvanic current.

If we take a series of pairs of platinum plates and pieces of cloth and connect the terminals with the poles of a galvanic battery, in action, we may illustrate this polarization. Arrange the series so that we have first a platinum plate and next a piece of cloth wet with water, or acidulated water, and next another platinum plate; next another piece of wet cloth, and so on as far as we choose. If now we allow the current to flow through the series the water will be decomposed, the oxygen going to the positive pole and the hydrogen toward the negative. Since these gases cannot permeate the platinum plates they will accumulate upon the opposite sides and we shall have between each pair of plates a deposit of oxygen and a deposit of hydrogen, separated by the wet cloth. Each deposit of oxygen and hydrogen, separated by the wet cloth, acts as independent electrodes and serves

well to illustrate what takes place at the ordinary electrodes where a galvanic battery is in action. Always as soon as the circuit is closed by introducing any moist substance between the electrodes this moisture begins to be decomposed the same as the water in the battery, and the oxygen, step by step, atom by atom, moves toward the positive pole, whilst just as steadily does the hydrogen approach the negative. The result of this electrolysis is that in time, as the gases accumulate, both the platinum plates, as well as the ordinary electrodes, will oppose a new current to the galvanic current and either diminish or interrupted it. Unpolarizable electrodes have been invented and when used are much pleasanter for the patient. They also prevent the accumulation of the gases. I am not familiar enough with their construction to undertake their description.

These galvanic currents are called direct, since they flow directly from the batteries, in distinction from the induced currents. They are also called continuous currents, because there is no interruption. The induced current is called the interrupted current, because it is only of momentary continuance, viz., at the instant of making and breaking the inducing current. This will next claim our attention.

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THE HEADACHES OF ACETIC ACID, ACTÆA SPICATA,  
ÆSCULUS HIPPI, AGARICUS MUSCARIUS, AILANTHAUS,  
ALLIUM SATIVA, ALLIUM CEPA.

ALLEGHENY MATERIA MEDICA CLUB.

ACETIC ACID.

TYPE.

Nervous headaches, caused by abuse of narcotic stimulants; or by chronic gastric irritations.

LOCATION, DIRECTION AND CHARACTER.

Dull pains in forehead and vertex.

Shooting pains through temples.

Heaviness of head, with sense of intoxication.

Confused, dull aching over frontal regions, (nervous cephalalgia).

VERIFIED SYMPTOMS OF HEAD.

Headache from abuse of opium, tobacco, coffee, alcohol.

Giddiness. Symptoms of cerebral congestion.

Distention of temporal blood-vessels, with increased heat of the head.

Severe paroxysmal headache.

AGGRAVATION.

From any nervous excitement.

CONCOMITANTS.

Very dull and low-spirited.

Extreme irritability of temper.

Confusion of ideas.

No thirst with fever.

Vomiting soon after eating.

Wasting away of the body.

Hæmorrhages from mucous membranes.

Profuse hæmorrhoidal bleeding.

Flushes of heat, more in outer parts, increasing the sweat.

Diminished sensibility over whole surface of body.

Skin pale, waxen, cold.

ACTÆA SPICATA.

TYPE.

Suitable to headaches of a rheumatic or neuralgic origin, with a tendency to periodicity). Also to headaches arising from impairment of hepatic functions. Symptoms more intense at night.

LOCATION, DIRECTION AND CHARACTER.

Pain in the temples.

Pressure in the vertex.

Hammering pain in occiput.

Boring pain in head.

Pain which seems seated in periosteum, or even in bones of head.

Pulling, tearing pain, commencing in carious tooth, extending to zygomatic bone and temples; increased by slightest touch, or any movement of facial muscles.

VERIFIED SYMPTOMS OF HEAD.

Eruption of small pimples in hairy scalp.

Warm sweat of head.

Headache which persists after the fever.

AGGRAVATION.

At night.

From walking.

CONCOMITANTS.

Periodicity often marked.

Sadness. Melancholy. Complaining.  
 Prosopalgia.  
 Acute or chronic hepatitis.  
 Suspension of alvine discharges.  
 Especially suited to men.

#### ÆSCULUS HIPPI.

##### TYPE.

Suitable in persons with hæmorrhoidal tendencies, and who suffer with gastric, bilious, or catarrhal troubles.

Headaches with dull pain and stitches chiefly in the forehead, temples and occiput; accompanied with confusion and vertigo, together with sensation of fullness and pressure rather than acute pain.

##### LOCATION, DIRECTION AND CHARACTER.

Confused feeling in the head, with giddiness.

\*Dull frontal headache, with constrictive feeling of skin of forehead.

Dull frontal headache, and weight.

Dull pressure in the forehead with slight nausea, followed immediately by stitches in the right hypochondrium.

Neuralgia darting from right to left across the forehead, followed by pains in epigastrium.

Frequent flying pains through temples.

Dull pain in right temple and occiput, followed by dull stitches in forehead and left temple.

Dull pain in the occiput, with flushes of heat over the occiput, neck, and shoulders.

Feeling as if a board was on the head.

##### AGGRAVATIONS.

Rising from a seat; stooping.

##### CONCOMITANTS.

\*Feeling depressed and low-spirited.

\*Extremely irritable.

\*Thick, yellow phlegm in mouth and on tongue.

\*Feeling of dryness and roughness of throat, as from taking cold.

\*Sensation of burning and rawness in throat.

\*Constricted sensation with inclination to swallow.

\*Stinging and burning in posterior nares and soft palate.

\*Dryness of posterior nares, with sneezing, followed by severe coryza.

\*Violent burning in stomach, bowels, and liver, with distress, nausea and violent vomiting.

*\*Hard, dry stool passed with difficulty, with dryness of rectum and heat.*

*\*Hæmorrhoids very painful and burning, and of a purplish color.*

*\*Constant backache, affecting the sacrum and hips; aggravated by walking and stooping.*

Sensation of fullness as from too much blood in different parts of the body.

Mucous membrane dry and swollen.

Muscles sore in the morning on waking and motion.

#### AGARICUS MUSCARIUS.

##### TYPE.

Headaches occurring in those who are subject to chorea, or who readily become delirious in fever or with pain.

Nervous headaches.

## LOCATION, DIRECTION AND CHARACTER.

Semilateral pains.

Dull headache, especially in forehead; he must move the head constantly to and fro, and close the eyes.

Tearing and pressing in left half of brain.

Pressing in the right side of the head as if a nail were thrust in; worse when sitting quietly, better when moving slowly about.

Burning in the head.

Violent oppressive pains, chiefly in the forehead.

Pain as though sharp ice touched the head, or cold needles pierced it.

## OTHER HEAD SYMPTOMS.

Confusion of the head, heaviness as after intoxication.

Icy coldness in region of coronal suture, after scratching.

Sensation of coldness on right side of frontal bone, though it is warm to touch.

Twitching of the head and cervical muscles, worse on right side, drawing the head toward the shoulder.

Vertigo; reeling as from spirituous liquors; when walking in the open air he staggers to and fro.

Twitching in the skin of the forehead above the right eye.

Vertigo, brought on by protracted mental application, or exciting debates.

Drawing from both sides of the frontal bone as far as the root of the nose.

Pain as from a nail in the right side of the forehead.

The head constantly falling back-

ward, as if a weight were attached to the occiput.

## AGGRAVATIONS.

In the morning: the vertigo.

In the open air: the vertigo.

The heat of the sun: the vertigo and giddiness.

Sitting quietly: the clavus.

## AMELIORATIONS.

Pressure.

After a copious stool.

Moving slowly about: the clavus.

## ACCOMPANIMENTS.

Frequent, slight twitching in the eyelids.

\*Twitching of the facial muscles.

\*Violent, shooting, burning pains, deep in the spine.

\*Painfulness along spinal column when stooping.

Spinal column sensitive to touch, worse in the mornings.

Sensation as if ants were creeping along the spine.

Frequent jumping of muscles in different parts of the body; general trembling.

## AILANTHUS.

## TYPE.

Suitable in nervous, sensitive persons.

In low, adynamic forms of disease, characterized by sudden and extreme prostration, torpor, vomiting, pulse small and rapid, purplish appearance of skin.

Bilious temperament, stout and robust.

Attacks characterized by fullness of head, with heat; pains burning, dart-



ing in temples and occiput; vertigo and nausea.

#### OTHER HEAD SYMPTOMS.

Severe headache, with dizziness and red, hot face.

Severe headache, with nausea.

Dull headache, with burning in the eyes, and oppression of the chest.

\*Head burning hot, with piercing pains.

\*Dull, frontal headache; disinclined to think or to act.

Sensation of passage of electric current from head into extremities.

Darting through the temples and back of head, with confusion of ideas.

Severe pain through the temples.

Thick, heavy feeling in the base and right side of the head.

Darting pain in back of head, with beating in the occiput.

#### AGGRAVATION.

On waking.

#### AMELIORATION.

From pressure (heaviness).

#### OTHER SYMPTOMS OF HEAD.

Stupor; mental indifference, and weakness; low muttering delirium.

\*Great anxiety.

Vertigo when stooping.

Vertigo with nausea and cold sweat.

Wild looking eyes, with intolerance of light.

Drowsiness followed by insensibility.

#### ALLIUM SATIVA.

##### TYPE.

Probably suitable to headaches occurring in dyspeptic subjects.

#### LOCATION, DIRECTION AND CHARACTER.

Heaviness of head, which ceases during menstruation and returns afterward.

Heaviness in forehead, almost preventing him from opening the eyes.

Dull pain in occiput, in the morning while lying on the back.

Pulsation in temples.

Pains mostly pressive, from within outward.

#### OTHER SYMPTOMS OF HEAD.

Vertigo on looking long and steadily at anything.

Vertigo of short duration on rising from one's seat.

#### AGGRAVATION.

In morning.

#### CONCOMITANTS.

General lassitude, especially in lower limbs.

General lassitude, especially in morning.

#### ALLIUM CEPA.

##### TYPE.

Catarrhal headaches.

#### LOCATION, DIRECTION AND CHARACTER.

Confusion in occiput, first on both sides and toward upper part, pressing down sideways, then behind the ears around the whole occiput.

\*Pain in the forehead with catarrh.

Pains deep in the head, over the left brow.

\*Pain in both temples, most severe in the right, aggravated by winking, afterward pain extends over forehead, worse on left side.

Headache from both sides of head, downward and inward toward the middle.

Headache, first in occiput, then in forehead over right eye.

Pain in temples, worse after motion of eyelids.

#### VERIFIED SYMPTOMS OF HEAD.

\*Confusion of head, with coryza.

Vertigo, etc., (on rising up).

\*Headache in the room, in the evening, with coryza.

\*Severe headache with slight coryza.

The whole head becomes hot.

The head is full and heavy.

#### AGGRAVATIONS.

On return to warm room.

From winking.

Catarrhal symptoms worse in the evening.

#### AMELIORATION

In the open air.

#### CONCOMITANTS.

\*Very melancholy, with catarrh.

\*Excessive lachrymation, with coryza.

\*Copious watery discharge from nose and eyes.

\*Violent thirst. A severe cold, frequent sneezing, lachrymation, pain in forehead, acrid discharge from left nostril, hacking cough on inspiring cold air.

\*Tired feeling in all the limbs.

\*Frequent urination with burning in the urethra.

Urine very red.

## HOMŒOPATHY ILLUSTRATED.

### SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

#### 30.

### RECURRENT PHLYCTENULAR CONJUNCTIVITIS.—SILICEA.

*F. H. Foster, Chicago.*

Mrs. K., aged twenty-eight, has suffered for four months with recurrent phlyctenular conjunctivitis. The phlyctenules have varied both in regard to size and location, being at times very large and isolated, appearing almost like pustules and coming on any part of the ocular conjunctiva; again they are smaller, like minute vesicles, but more numerous,

and sometimes form almost a complete circle at the sclero-corneal junction. These attacks were always attended by considerable conjunctival redness, profuse lachrymation, intense photophobia, and, at times, very severe pain; this pain was purely neuralgic in its nature, being the worst at the exit of the supra-orbital nerve. The duration of these attacks was from eight to twelve days, when improvement would begin, the redness disappearing, while the pain,

photophobia, and lachrymation were all considerably diminished; still at no time was the eye free from irritation. During one of these attacks a small spot of infiltration was observed at the center of the cornea, this rapidly increased in size until it measured about two mm in its longest and one mm in its shortest diameter. In shape it was horizontally oval. Within three days the superficial layers were thrown off, and the spot was thereby converted into an open ulcer. This progressed rapidly and in spite of all the treatment which I could bring to bear upon the case, consisting of the local instillation of Atropia, hot fomentations, pressure bandage, and the administration of carefully selected internal remedies, destructive extension slowly went on through the different layers of the cornea, until the ulcer perforated. The cornea now presented a deep, central, funnel-shaped excavation, its edges being quite steep, smooth and transparent; there was no corneal infiltration surrounding the edges of the ulcer. The aqueous humor was constantly trickling away leaving the anterior chamber empty, and the iris being most of the time in apposition with the posterior layer of the cornea. The pupil could with great difficulty be kept slightly dilated, with a strong solution of Atropia. The tension of the eyeball was soft, as would be expected.

Silicea was the remedy chosen as corresponding very closely to the case from the following symptoms: *Sloughing, penetrating ulcer of the cornea, cen-*

*trally located and having no blood vessels running toward it.* Slight conjunctival redness, moderate photophobia and lachrymation, no pain. These latter symptoms may vary somewhat, but particular stress is laid on the objective appearance of the cornea. Silicea corresponded closely also to other general conditions. The drug was administered in the 6th centesimal dilution, for two weeks, but without improvement. The case was seen daily, but not the slightest tendency to healing or closure of the perforation could be observed, though there was no disposition to any further extension of the trouble. As the indications for Silicea still remained as marked as ever, the potency was changed to the 200th, a dose being administered four times a day. Within the first twenty-four hours a very decided change was noticed. The ulcer had begun to fill from the bottom and, with a glass, two minute vascular twigs could be discovered running from the margin to the centre of the cornea, the best evidence that the reparative process had commenced. The improvement that now followed was rapid and progressive; within ten days the ulcer was entirely healed. There was no recurrence of phlyctenules or any further ulceration, and the symptoms of irritation, which had so long existed, rapidly disappeared under the continuance of this remedy.

**31.**  
**CORNEAL ULCERATION.—SILICEA.**  
*F. H. Foster, Chicago.*

Mrs. T., aged twenty-nine. Some years ago had a severe attack of



corneal ulceration, which ended in a perforation. The cornea healed, but with very thin tissue. During the past few months this new formation had become weaker and unable to withstand the intra-ocular tension, as evinced by a decided tendency to bulge. The cornea presents, at the site of the old ulcer, a small though well defined protrusion, looking not unlike a thin, transparent vesicle. It is surrounded by opaque cornea to the extent of about a mm. The eyeball is soft; this being particularly marked in the morning. There seems to be a loosing of the aqueous, though at no time is there any sudden watering of the eye. The venous trunks which emerge from the ball near the equator are enlarged and tortuous. Exposure to a bright glare of light, or a slight over-taxing of the sight, will set up considerable conjunctival redness. The eyes tire easily and night work is almost impossible. She suffers a good deal of pain, dull and heavy in its nature, located deep in the ball, and a slight pressure over the region of the protrusion will cause a very sharp, acute pain. It should not be omitted that the iris became attached to the original perforation, and that the eyeball is smaller than its fellow. The whole aspect of the case seemed to point to the progression of a slow, insidious form of irido-choroiditis. It would seem that one of the first indications for treatment, would be to try and restore the eye to its normal tension, and as this appeared to depend on a weakened,

protruding portion of the cornea, the first thing to be done was to remove this protrusion, and try to have the opening fill with firmer tissue. Accordingly a narrow cataract-knife was passed through the bulge, and a small part of it cut away. The aqueous flowed off leaving the anterior chamber empty. A four-grain solution of Atropia was instilled, bandage applied, and Silicea 6 administered. But little if any reaction was anticipated, and I was considerably surprised, on seeing the case the next day, to learn she had been suffering considerable pain. The lids were swollen and the conjunctiva somewhat injected. The cornea presented a white, infiltrated patch between three and four mm in diameter, seemingly interstitial, which commenced at the cut and almost completely obscured the pupil. The anterior chamber remained empty. The eye was exquisitely tender to the touch, and considerable lachrymation followed any attempt to open the lids. This condition lasted for four days, the opening in the cornea showing no disposition to heal. The potency of the drug was then changed to the 200th, with the same gratifying result which followed its administration in the previous case (30). The opening quickly healed and with firm tissue, showing no tendency again to give way and protrude. The corneal infiltration was absorbed rapidly, and has entirely disappeared within a week. Silicea 200 was continued for a month, at the end of which time she

was entirely free from all the symptoms of previous irritation. There was no pain or tenderness; she could use her eyes with comfort; the tension of the ball remained normal, and there was no tendency to protrusion of any portion of the cornea.

### 32.

#### PLUMBUM ACET. IN CONSTIPATION.

*H. L. Godden, Petersburg, Ill.*

Mrs. B. has been troubled for years with constipation. Evacuations consists of hard balls, with little or no pain. Gave five powders of Plumb. to be taken one night and morning. It is three or four months since the prescription was given, but there is no return of the constipation. She is spare build, black hair and eyes; of a nervous temperment. Plumb. was indicated by the character of the discharge.

### 33.

#### CASE OF SPASMS.—CICUTA VIR.

*G. L. Gage, Hornellsville, N. Y.*

Robert H., an Englishman, aged thirty-eight, in the spring of 1875, while rolling a cider barrel out of a cellar, stuck a sliver into his knee, above the patella, in the cellular parts. He supposed he was hurt with a nail. It was quite sore and painful, he poulticed it and kept at his work, a farm hand. The twelfth day he got wet through to the skin, in a cold rain, took cold, but the next two days he worked sowing barley, carrying a heavy basket suspended over his shoulders by a rope, the basket resting on his abdomen, he sowing English

fashion, with both hands. He was very tired, and when he returned home he was sick, and had great pain in his neck and shoulders, in fact all over. In dressing the sore knee, his wife found there was something in the wound, and by pressing a little started it up and drew out a pointed sliver, full three-fourths of an inch in length and one-tenth in diameter, nearly round. He had carried this "thorn in the flesh" two weeks without any great inconvenience. He continued to suffer great pain in the whole body, and the next day began to have spasmodic jerking of the arms and upper part of the body. An allopathic physician was called, and learning about the sliver, he reported the case as lock-jaw. The next day another physician was called in council, and the third one was called in. He was five days under their treatment. They said he must die; that he was "no better than a dead man." But John Bull did not want to die, and I was called to see him. I noticed the following symptoms. There was no trismus; the man could eat, drink and talk; he was rather thirsty, tongue coated and dry. About every five, ten or fifteen minutes he would have a violent, spasmodic jerking of the (at this time) whole body. If he was lying on his side he would be straightened out on his back quick as lightning, every muscle in his body stiff and rigid; would scream so as to be heard a quarter of a mile. The head drawn back, the fingers clinched, the arms bent at the elbows, the body

and legs straight; the breathing was very difficult. Put your hand under one heel and you could lift his whole body to the head. The paroxysm would last one or two minutes, then gradually the muscles would relax, and he would be comparatively easy for a few minutes. He had full consciousness, and could talk

even during the paroxysm. Gave *Cicuta virosa* 200. This soon lessened the severity of the symptoms and frequency of recurrence, and a final and a perfect cure followed. In a few weeks he was at work again as well as ever, and never a symptom of it since.

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### NEW PUBLICATIONS.

NEW PHYSIOGNOMY OR SIGNS OF CHARACTER; as manifested through Temperament and External Forms, and Especially in the "Human Face Divine." By SAMUEL R. WELLS, Editor of the *Phrenological Journal and Life Illustrated*. Over one thousand illustrations. New York: S. R. Wells & Co.; 1876; \$5.

At first thought it might seem that a book of this title could hardly be relevant to the study and practice of medicine. Yet, that a physician could give this subject, as set forth in this book, careful consideration and not feel that physiognomy ranked among the collateral sciences, would seem impossible, for it is based upon anatomy and physiology, and by it attention is called to certain pathological states. A perusal of the first chapter alone, would suffice to show that a master was teaching that which *he knows*. This book, like many others, opens with an introduction, defining physiognomy, its application

to business, its relations to phrenology, self-improvement, etc. The various systems from which the present science has been evolved are there briefly set forth; the temperament defined both according to the old and more recent classifications. Following through the book the separate organs are taken up in their order, their varied shapes compared and the shades of character expressed by those differences. All this is fully and aptly illustrated by engravings, many of which represent personages of note, which adds great interest to the reading. Relating to the same study are chapters on the voice, dress, effects of climate or character, races, trades, professions, poets, hand-writing, palmistry, artists, women of the world, physiognomical anectodes, and recapitulation. While the whole work is scientific and instructive it is exceedingly interesting, particularly is the chapter on eyes, the sentiment being eloquently



expressed and the numerous choice selections quoted from eminent authors are truly charming. The family will enjoy the work no less than the physician, who will find it a rest when tired.

OUTLINES OF MODERN ORGANIC CHEMISTRY; based in part upon Riche's *Manual de Chime*. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago, and in the Hahnemann Medical College. Chicago: S. J. Wheeler; pp. 220; 1877.

As indicated in the title, the prominent ideas relating to organic chemistry are profusely grouped in a concise manner, so that the student may turn to them with the greatest facility. It is assumed that a knowledge of inorganic chemistry has been thoroughly acquired before the student enters upon that of organic chemistry. The "author has therefore not encumbered the work with a restatement of that which appertains to the theory of chemistry in general." The author has accomplished his intentions as stated in the preface.

TRANSMISSION OR VARIATIONS OF CHARACTER THROUGH THE MOTHER. By GEORGINA B. KIRBY. New York: S. R. Wells & Co.; 1877; pp. 68.

This is a pamphlet of sixty-eight pages, containing advice pertaining to health of body and mind at the time of union, and also to the *enciente*, to instruct those in regard to physical and mental habits that should obtain during this period, in order to

encourage the most perfect product of conception. We regard the instruction given as sensible, being based upon psychological law and physiological fact. It is exceedingly readable and is calculated to do good.

EATING FOR STRENGTH. A book comprising: 1. Science of eating; 2. Receipts for wholesome cooking; 3. Receipts for wholesome drinks; 4. Answers to ever-recurring questions. By M. A. HOLBROOK, M.D., Editor of the *Herald of Health*. New York: Wood & Holbrook; \$1.

This book will be found useful to the "gude wife," who wishes to make the most palatable, nourishing, and withall economical cooking. The groundwork of the treatise is physiology, hence it may be safely promised that it will be a helpful guide to a wholesome living.

ENCYCLOPÆDIA OF PURE MATERIA MEDICA. Nicotium to Plumbago inclusive. Vol. vii. New York: Boericke & Tafel.

In this volume we recognize many old friends, and quite a number the full pathogeneses of which invites a profitable new acquaintance. Amongst the old remedies we notice four that have always been of special prominence, viz., Nitric acid, 32 pages, 1600 symptoms; Nux vomica, 43 pages, 1500 symptoms; Opium, 63 pages, 2300 symptoms; Phos. 97 pages, 3900 symptoms. While the number of symptoms given is large, we can but notice in this group the large number that are given in

Roman type, so that in glancing over a section and can readily take in those of prominence, and yet if the case demands, can enter into the most minute differentiation. As our eye falls upon a single page of Phosphorous, we can see, for instance, that

great weakness is characteristic of that drug. The eye grasp this fact as quickly as if nothing else were on the page. This work is now so well known and so fully appreciated that little need be said concerning it.

## STAPHYSAGRIA VS. PULSATILLA IN TREATMENT OF HORDEOLA.

H. C. ALLEN, M.D., DETROIT, MICH.

One of our latest and best textbooks on ophthalmic therapeutics, has the following: "As a remedy for styes it (Puls.) has no equal, and by some is even considered almost specific, as in a great majority of cases it will cause them to abort before the formation of pus has taken place. Although (if properly selected) the above is in the main true, so far as Pulsatilla is concerned, the effect of such teaching is pernicious, because it tends to make the busy general practitioner rely on the *ipse dixit* of the author, instead of referring to his materia medica and the totality of the symptoms as his guide.

There is scarcely to be found a better illustration of routine practice than in the almost universal custom of treating every case of hordeola with Pulsatilla. And there are few diseases in which we meet more disappointment; not because Pulsatilla is

not a good remedy in the disease, but because, given a case of hordeolum, Pulsatilla is prescribed irrespective of its indication. This unfortunate habit of *generalizing*-treating the disease instead of the individual, which we have inherited from allopathy, results in frequent failures, and in the throwing of the blame upon the remedy, instead of placing the responsibility where it properly belongs. My experience is that Staphysagria is a better remedy in all diseases of the glandular structure of the eyelids, both *acute and chronic*, than Pulsatilla; but it will not cure every case, for the same reason that Pulsatilla fails to cure everything. In the comparative sphere of action of these remedies in this disease, I have endeavored to give the result of my clinical experience; in the hope that some one may derive as much benefit from it as I have done.

### STAPHYSAGRIA.

Affects both lids; but particularly the upper one.

### PULSATILLA.

Have obtained best results when lower lid was the affected one.

## MENTAL SYMPTOMS.

Angry, ill-humor, chagrin, mortification, great anxiety about the future, loss of memory from sexual excesses. Black hair and eyes. Acts better on men.

Mild, sensitive, melancholy temperament; easily affected to tears. Light hair, blue eyes. Acts better on women, particularly if Pulsatilla menstrual derangements are present and there are acne of the face.

## CAUSES.

Onanism, sexual excesses, debility from loss of vital fluids. Nervous prostration from over mental exertion, too close application to study, particularly night work.

In the Staphysagria stye the affection is very circumscribed and confined to the tumor alone. It may be swollen, but the general lid is not much involved.

Gastric derangements from eating too much fat, pastry, rich and indigestible food. Pork-eaters, so prone to hordeola, are promptly relieved by Pulsatilla.

In the Pulsatilla stye there is considerable mucus secretion, the lids are agglutinated in the morning and the conjunctiva injected. The swelling is much more pronounced and the tumor much larger.

## PAIN.

The pain is of a darting, shooting, stinging, biting, tearing character. It is sometimes almost paroxysmal. Seldom constant. Worse from evening to morning.

The Staphysagria stye after once coming on appears never to get well of itself.

Each successive crop of tarsal tumors is inclined to abort and leave little hard nodules on the borders of the lids. A succession of attacks leaves all the glandular structure of the lids much enlarged, and a constant source of annoyance by its unsightly appearance.

The pain is of drawing, tensive, burning character. There is a sore, bruised sensation and much itching, and all the pain is persistent. Worse in the evening, in a warm room and in a cold draught of air; better in the cool open air.

The Pulsatilla stye is more apt to be occasional, and ends completely with suppuration.

When suppuration takes place the lid is cleared up, and the tumefaction subsides as rapidly as it came on. Only useful in tumors of recent origin, and of an inflammatory type, with catarrhal conditions.

Both Staphysagria and Pulsatilla, if properly selected, will relieve styes before suppuration takes place; but my experience is that there is little use in giving either, particularly Staphysagria under the 30th potency, and the 200th and higher potencies will act much more promptly than the 30th.

But Staphysagria has a sphere in the treatment of steatoma, and all

chronic enlargement of the meibomian and sebaceous glands, peculiarly its own; and here it is without a peer in our materia medica. Thuja, Calc. carb. and iod., Baryta carb., Lycop., Graph., Sulph., Hepar and Silicea, may now and then be indicated in tumors of the lid; but it is only an occasional case, in which much benefit will be derived from any other remedy than Staphysagria.



I append a few cases from my note-book.

#### CASE I.

W. S. J., manager of fast freight line, Detroit, had been afflicted with a tumor of lower lid for several years. Had often been advised to have it removed by the knife, but declined. Margin of upper lid much thickened by nodules of tarsal tumors. Was frequently subject to styes, which always left an enlarged gland after it supplicated. Dark hair, and eyes blue. Did a large amount of office work at night by gas light.

Gave him Staph. 30, to be taken night and morning for a week, then every morning for a week, when if any improvement was noticed medicine to be discontinued.

At the end of two weeks large tumor was nearly gone, discontinued

medicine, and in a month the borders of the lids were cleared up and tumor gone.

Over two years ago and no appearance of a new crop of styes and no more tumors.

#### CASE II.

Mr. W——, salesman in carpet warehouse, Detroit. Steatoma of upper lid as large as a large bean. Been growing for years. Had one removed by the knife, but only to make room for the present one, much larger than the first.

Staphysagria 200, ten powders, one to be taken every morning.

Completely recovered in three weeks, and no reappearance to date, now over two years.

I could give a large number of cases in addition to above were it necessary.

### EDITOR'S CABINET.

#### *To the Editor.*

I infer from your editorial in the July number relating to the "Critical Period," that you decline to publish any further polemical articles.

I regret such a decision, for a temperate discussion at this time would be productive of benefit to homœopathy, and I especially desired to expose the fallacious claims set up by the pretended "purists" who are marshalled under the banner of Lippe & Co.

You must allow me to say, however, that while I submit to your decision, I most indignantly repel the insinuations of your correspondents that my principles and practice of medicine are *not* homœopathic. I yield to

no one in my adherence and devotion to the cause of homœopathy or the law of *similia*. I claim that I am a better homœopathist than these "purists," for two reasons. (1.) I believe the law of *similia* to be universal in application, and all-embracing as a therapeutic law. (2.) I believe that no cure of a morbid symptom or disordered condition, can be made by any medicinal agent, unless such agent is capable of causing a similar disease; in other words, *all cures are homœopathic*. (Of course I exclude surgical and chemical cures). This was the doctrine of Hahnemann and Dunham, and is the belief of Hering. I also claim that Lippe & Co. are only *semi-homœopaths*, that they only make use of, or

utilize, half the capabilities of our law of cure, and that the charges of "electicism" and "mongrelism," which they apply to the "progressives" of our school, comes with poor grace from men who only practice the *half* of a homœopathic system. These "purists," by rejecting *unproven* medicines, and clinical experience with them, cast aside the most valuable resources of our school. (The fact is they do *not*; all is pretence; they are glad enough when in a tight place, to call to their aid such unproven remedies as Cauloph., Apocynum can., and many others). They pretend to limit their prescriptions to the high potencies, declaring that they will cure all curable diseases, and would even have us make provings with such attenuations. By rejecting the power possessed by the material qualities of drugs, they throw away their curative powers which we know to exist.

The exclusive high-dilutionist is only a half homœopath. He practices a one-sided practice, and consequently his sphere of usefulness is limited. The law of similia is to him only *half* a law of cure. He is like a musician, a pianist, for instance, who uses only one hand in rendering the works of the great masters. The rendering would necessarily be imperfect, and the complete power and grandeur of the composition be lost. The law of cure enunciated by Hahnemann with the law of dose based on the primary and secondary action of drugs, is like a composition of some great composer. It can only be thoroughly rendered by using all the attenuations from the highest to the very lowest. The high dilutionist may be compared to a musician who only uses the highest notes. The lowest notes—the secondary symptoms—are lost to him. He has no use for Camphor or Belladonna in collapse; for Opium in delirium, paralysis, or diarrhœa; for Ergot or Cauloph. in uterine atony; Nux in paralysis; Ammonia in syncope; or Digitalis in cardiac failure.

If these "purists" mean to be consistent they must not use any of the above remedies, except in the 30th or 2,000,000th, and in such diseases as I have named these attenuations are of no value.

My original article, which you are pleased to term a "bombshell," has had the effect I desired. It has roused the profession to a realization of the desperate schemes of the men who threaten to secede, unless we join with them in dragging homœopathy back to the time when its surgery was not respected; its gynæcology was a sham; its materia medica hide-bound; its therapeutics depending on mechanical symptom-matching; and its obstetrics a failure, and aid them in expurgating all text-books on the above subjects except Gilchrist, Jahr, Lippe or Croserio. It has convinced our school that unless we claim all our rights in the domain of the healing art, other schools will appropriate all our best remedies and our law of cure, while we are clinging to old traditions and antiquated notions. Lippe and his followers may well disclaim that they are attempting to split up our school, for they begin to see where it will lead them, and the danger that would result to homœopathy from such a division.

Your facetious remarks that the name of your journal would be misnomer, were you to accept my "planks," instead of those of Lippe & Co., does not appear to me to be very happy. On the contrary, if you intend to fight wholly under those of Lippe & Co., you should change its name to the *American Semi-Homœopathist*, and exclude all records of cures made with low attenuations, or with medicines given in alternation, or locally applied.

In conclusion, I will add that I am in no sense criticizing Hahnemann, Hempel, Hering, Dunham, or any of the real masters of our school. I know well the secret contempt they might have had and do have for the bigotted exclusives who trade upon their great names. As for myself, I know that all the attempts of Lippe & Co. to belittle my influence and labors in the department of materia medica and therapeutics will come to naught, and I am willing to leave my reputation and my teaching to the arbitration of those who shall come after us.

Edwin M. Hale.

Your inference concerning polemical articles is correct, in so far as such matter becomes heated and personal. We admit that a temperate discussion of the false and the true is productive of great good, but one who has done editorial work will readily understand the obstacles in the way of conducting a *temperate* discussion, especially when the subject is a mooted one, and when the writer leading off pronounces honored men in our school "fossils." In this instance at least the editor has seen far more of the heat and the personal than has appeared to the readers, this fact may have given the last editorial a savor of apology not in keeping with the character of the articles referred to. Certainly one reading those articles as they appeared in the last issue, could but see a splendid enunciation of homœopathic principles.

An additional *belief* that *all* cures are homœopathic does not add to our allegiance to that science, nor, as we shall see, to the *law* of similia, but when used in argument simply begs the question. When the compound prescriptions, that are *said* to cure, are thoroughly proven after the manner of Hahnemann, then it may be said that all cures *are* or are not homœopathic. But just now your statement is but a hypothesis which you choose to *believe* as *fact*. We do not think it desirable or commendable to act upon a hypothesis and call it a science. We are bound in homœopathy

by the *law* (not belief), whatever else may be our license or practice as physicians. The error in this comprehensive homœopathy (?) appears the more startling where it influences one's prescriptions from that which is proven and known to be similar by law to the hypothesis of a compound prescription.

It must have been in this belief that the following prescriptions (and others of like form in the same case), was made:

R	Arom. Spirits Ammonia,	ʒi.
	Tinct. Digitalis,	ʒi.
	Syrup wild cherry,	ʒiii.

Teaspoonful every hour or two.

This may be good for a "tight place," but shades of Hahnemann! where is the homœopathy?

Let the *Organon* speak.

We cannot therefore accept the semi-homœopathic theory. As touching the unproven remedies it was distinctly admitted in one of the answers to the "Critical Period," that empirical facts were valuable, but that the *best* way to ascertain the sick-making properties of medicine is to prove them on the healthy. As to the various potencies our views are well-known on that point. Where, according to your theory of dose, you would give Nux vom. in material doses, the exclusive high dilutionist would likely give another remedy, the symptoms of which answered to the condition of the patient.

## MEDICAL MEMORANDA.

### MATRIMONIAL.

GARDINER—HALE.

An unostentatious wedding took place at No. 65 Twenty-second street, the residence of the bride's father, Dr. E. M. Hale, at 11 A. M., August 10th, at which time Dr. J. C. Gardiner, of Madrid, Spain, though an American, was married to Miss Frances Hale, by the Rev. Dr. Locke, of Grace Episcopal Church. There were no guests present save the relations and a few of the most intimate friends of the family. After the ceremony a

wedding-breakfast was partaken of, congratulations were paid, etc., when the young couple took their departure for different points in the east. They will sail on the 29th for Madrid, their future home. They were the recipients of many costly and useful presents.

FISHER—BENNETT.

Dr. Chas. E. Fisher, the well-known young practitioner, was married on the morning of July 23d, to Miss Ella Bennett. The ceremony took place at the residence of the bride's parents at San Antonio, Texas, the Rev. H.



S. Thrall officiating. Owing to the ill-health of the Doctor they have removed to Marietta, a suburb of Atlanta, Ga.

#### ITEMS OF INTEREST.

We learn that Dr. Shipmen has a pamphlet nearly ready on the Physiology and Pathology of the Urine in new-born children. A translation from the French of Parrot and Robin.

The working corp of the Good Samaritan Hospital of St. Louis, is announced as follows: Drs. T. G. Comstock, D. R. Luyties, Chas. Gundelach, A. S. Everett, medical staff; Dr. G. S. Walker, consulting physician; Dr. S. B. Parsons, consulting surgeon; Dr. W. Collisson, resident physician.

The Homœopathic Medical Society of the State of New York, holds its next semi-annual meeting at Middletown, September, 17th and 18th. Vol. xiv., Transactions, is now in press, and those desiring copies at one dollar each must remit *at once* to the treasurer, E. S. Coburn, M.D., Troy, as the edition is limited.

We ask the attention of our readers to the advertisement of Lactopeptine in the present issue. It will be noticed that the formula is published, and it should not be confounded with the worthless nostrums that are paraded before the profession. It has been used very successfully in dyspepsia and the morning sickness of pregnancy. Let it be proved.—*American Observer*.

The following resolutions were unanimously passed at the regular annual meeting of the Homœopathic Medical Society of Chant and Catharaugus counties, held at Jamestown, N. Y., June 11, 1878.

WHEREAS, The subject of pure Hahnemannianism as opposed to Liberalism in practice is being agitated among the practitioners of homœopathy in this country; and

WHEREAS, This society deems it wise that an expression of our organized bodies should be had in relation to the subject with a view, if possible, of settling the vexed question; therefore

*Resolved*, That in the judgment of this society, the phrase *similia similibus curanter* expresses a universal law for the selection of remedies for the cure and relief of disease, and that adhesion to this law is all that should be required of homœopathic physicians.

*Resolved*, That all such physicians should therefore be allowed the largest latitude in

practice consistent with their judgment, their conscience, and the laws of the land.

*Resolved*, That this society deprecates all discussion of this subject involving personalities and acrimony, or inimical to the largest professional liberty.

The New York Ophthalmic Hospital corner Third avenue and Twenty-third street present the following report for the month ending July 31, 1878:

Number of prescriptions.....	3442
Number of new patients.....	384
Number of patients resident in the hospital.....	31
Average daily attendance.....	133
Largest daily attendance.....	221

An event of considerable local interest occurred in Chicago on the evening of the 10th and afternoon of the 13th of June, in the form of a butterfly ball, at Haverly's theatre, for the benefit of the Central Homœopathic Dispensary connected with the Chicago Homœopathic College. The performance was not so well rendered as a year ago, but the attendance was immense, which must have carried joy to the hearts of the ladies composing the Auxilliary board, under whose skillful direction this novel entertainment was given.

#### NECROLOGICAL.

COTE.

At a special meeting of the Homœopathic Medical Society of Allegheny county, held May 29, 1878, the death of Dr. Marcellin Cote having been announced in fitting terms, the following minute was unanimously adopted, ordered spread upon the records and that a copy be forwarded to the bereaved family.

DIED.—Pittsburgh, May 29, 1878, Marcellin Cote, M.D., in the sixty-third year of his age.

We thus record the death of an honored colleague; distinguished in his profession, a good citizen and uncommonly beloved by his patients. Earnest and aggressive in his efforts to promote medical science and education, he was one of the founders and active supporters of this society, of the State society, and of the Anatomical society of this county, having served as president of each of these organizations. He was also a member of the American Institute of Homœopathy, and one of the founders of the Homœopathic hospital of this city.

At the time of his death Dr. Cote was the oldest homœopathic practitioner in this county and was regarded in the community as a physician of character and eminence.

In view therefore of the irreparable loss

sustained by the profession, which our lamented colleague so highly adorned, we here record our appreciation of the physician and the man, our sorrow that we shall be deprived of his companionship and counsel and our hearty sympathy for his deeply bereaved family. (Signed.)

*J. H. McClelland.*

*H. Hofmann.*

*J. F. Cooper.*

*J. C. Burger.*

*L. M. Rosseau.*

*Committee.*

BUSH.

Dr. P. Bush, died at his home in Altoona, Pa., on the 15th of May.

COQUILLETTE.

Dr. F. M. L. Coquillette died on the 31st of May last, of typhoid fever, at Nugent's Grove, Iowa.

DOWLING.

Rev. Dr. Dowling, the venerable father of Dr. Jno. W. Dowling, dean of the New York homeopathic medical college, died of acute insanity in the Middletown insane asylum, early in July.

#### CHICAGO HOMŒOPATHIC COLLEGE.

The announcement of this institution is received. It has evidence of prosperity. The arrangements made for thorough and practical education are very complete. The new disposition of college rooms will afford superior advantages for conducting the large clinics. There are good indications for predicting a large class of students. The college has been very successful in establishing itself in popular favor.

#### PUBLICATIONS RECEIVED.

First Annual Report of the Pennsylvania Homœopathic Hospital for Children.

Medicinal Forces as a Distinct Class in Nature. By J. P. Dake, M.D., Nashville, Tenn.; pp. 9.

A Plea for Pure Homœopathy Against Eclectic Homœopathy. By Edward Bayarl, M.D.; pp. 12.

Hip-Joint Disease and Its Homœopathic Treatment. By Frederick Hiller, M.D., San Francisco, Cal.; pp. 30.

Progressive Muscular Atrophy, Cruveilhier's Disease, Wasting Palsy. By J. Martine Kershaw, M.D., St. Louis, Mo.; pp. 8.

Transactions of the Hahnemann Medical Association of Iowa, Ninth annual session, Davenport, May 22d and 23d, 1878.

An Address delivered before the Missouri Institute and Kaw Valley Homœopathic Society, by the President of the Missouri Institute, W. H. Jenny, M.D., Kansas City Mo.

Diseases of Brain and Nervous System, by Prof. J. Martine Kershaw, M.D., St. Louis, Mo. Part I. Contains Facial Neuralgia and the Visceralgie, Diagnosis and Treatment; 66 pp. 8vo.

An Index to the Titles of the More Important Surgical Papers; including lectures and original communications, together with clinical reports in surgery published in the homœopathic journals during the year 1877. By S. B. Parsons, M.D., St. Louis, Mo.

North American Homœopathic Directory. J. Pettet, M.D., Publisher, Cleveland, O. We have compared this directory with our own subscription list and have found it correct with but few exceptions. The amount of work and money expended to compile and print this book is no small amount, and we hope the profession will not allow Dr. Pettet's efforts go unrewarded.

#### PERSONALS.

Dr. Jas. Hallett has located at Pekin, Ill.

Dr. E. T. Woodruff has located at Bonus, Ill.

Dr. C. W. Myers has located at Kingman, Kan.

Dr. C. B. Kinyon has located at Rock Island, Ill.

Dr. Frank N. White has located at Sault Saint Marie, Mich.

Dr. I. M. Westfall has removed from Eyota to Rochester, Minn.

Dr. L. A. Philips has removed from Watertown to Boston, Mass.

Mrs. Dr. S. E. Boulter has located at 1410 Indiana ave., Chicago.

Dr. L. C. Wells has removed from Martin's Ferry to Newark, Ohio.

Dr. G. W. Palmer has removed from Springfield to Petersburg, Ill.

Mrs. Dr. L. L. Cardoze has removed from Charleston to Darlington, S. C.

Dr. H. A. Koerppen has removed from Fort Mason to Eagle Pass, Texas.

Dr. Charles W. Eaton has removed from Lancaster, Wis., to Newton, Iowa.

Dr. G. S. Schuricht, has removed from New Orleans, La., to St. Louis, Mo.

Dr. S. R. Breed has removed from Tuscola to Duquoin, Ill., his old field of practice.

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## AUGUST, 1878.

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Subscription, \$2. a year in advance.

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THE  
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MYOPIA, STRIATED CATARACT, INCIPIENT ATROPHY OF THE  
OPTIC NERVE; STRYCHNIA, PHYSOSTIGMA. A STUDY.

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Mrs. E., aged fifty-five. Complains of impaired sight, and latterly of pain in the eyes and intolerance of light after attempting to use the eyes for any length of time in reading or sewing. Has been wearing concave glasses for nearwork for some years, but they do not suit her now as they once did. Externally the eyes look well.

The type test shows the following:

Left eye—vision  $\frac{20}{200}$ , myopia  $\frac{1}{24}$ , vision  $\frac{20}{70}$ . Reads No. 1 between seven and ten inches, without glasses, but very slowly.

Right eye—vision, fingers at seventeen feet, myopia  $\frac{1}{24}$ , vision  $\frac{20}{200}$ .

Reads No. 1 slowly between six and one-half and twelve inches.

Oblique light and the ophthalmoscope reveal striated opacities in each lens, extending from the periphery toward the nucleus, like spokes of a wheel; and in addition, in the right eye, a well-marked nuclear opacity. The fundus could, however, be made out, and it was observed that the arteries were, or appeared to be, diminished in size, the nerve edge was clearly defined and its face perhaps paler than it should be. None of the features were so pronounced as to justify of themselves a positive diagnosis of incipient atrophy. But

there remained to be accounted for a disproportion between the amount of impairment of sight remaining after the myopia was corrected by a suitable glass and that which would be produced by the condition of the lens. The readiest explanation presented itself in the incipient nerve atrophy.

In selecting a line of treatment it was determined to attack the nerve first, and Strychnia 3x was given four times a day.

In seven days the record was:

Left eye, vision  $\frac{20}{100}$ ; right eye, vision  $\frac{20}{200}$ . A week later, left eye, vision  $\frac{20}{70}$ ; right eye, vision  $\frac{20}{200}$ . Fourteen days later, each eye, vision  $\frac{20}{70}$ , myopia  $\frac{1}{36}$ , vision  $\frac{20}{50}$ . Ten days later, myopia  $\frac{1}{24}$ , and vision  $\frac{20}{40}$ .

It should be observed here that the myopia of the previous record indicates the weakest concave glass through which the No. 50 letters could be seen. Concave 24 did not improve the sight any more; at the following visit No. 40 was deciphered clearly, and some letters of No. 30. Physostigma 3x was given then for fifteen days, during which time vision became  $\frac{20}{30}$  with concave 36, but afterward was  $\frac{20}{20}$  (?) with concave 30.

Strychnia was resumed for twenty days, but no further improvement occurred.

#### REMARKS.

The comparatively barren state of our literature concerning the medical treatment of nerve atrophy or of cataract, either simple or complicated, gives a value to single contributions which they would not other-

wise possess. The above case has some interesting features. If we accept the patient's statement, as to the order of occurrence of the diseased conditions, it would appear that myopia may become complicated with optic nerve atrophy and partial striated cataract. In what way, and how far, if at all, the myopic condition operated to the production of the other states are questions of interest. In seeking to answer them other possibilities present themselves for consideration.

The first defect that the patient observed was a diminution in the acuteness of her vision, which was regarded as short sight. She paid no attention particularly to this but supplied herself after a time with glasses selected in the usual hap-hazard style, choosing those which enabled her to see and work with comfort, irrespective of their fitness to the refractive state.

Now it is not impossible that the cloudy condition of the lens first impaired the sight, and that the effort to see through the opacity developed the myopia, and that the nerve atrophy occurred last.

It is also possible that the nerve atrophy may have appeared first, and necessitated the approximation of all near work for the purpose of securing a larger retinal image, which act would tend to develop a myopia such as we find, for instance, in corneal opacities. In this event the lens changes may have come last in the order of development, or appeared simultaneously.

To assume that the separate conditions sustained no dependent relation to each other would be a simple solution of the questions which arise in the case, and yet might be an unwarranted assumption.

If the myopia was the prime condition and exciting cause of the other states, the degree is remarkably low. We could more readily understand how a high degree should lead to vascular changes in the choroid which would influence the nutrition of both lens and nerve.

If the opacity of the lens was the first defect which brought the others in its train, the present state of the patient's vision is the result of the action of the remedies which must have restored regularity or transparency to that body.

If an irregular astigmatism of the lens was thus removed, or the transparency increased, I could not detect it with the ophthalmoscope.

If again the optic nerve was first affected we might have diminution of the vessels of the fundus and consequently impairment of the nutrition of the lens. Simultaneously the ciliary muscle may have been thrown into a spasmodic condition, and the other exciting causes of prolonged eyeball been provoked by the faulty position in the use of the eyes for near work. This supposition as to the sequence of the pathological changes finds support in the result which followed the administration of the remedies. The nerve has been restored to a normal condition, the myopia neutralized by a glass, almost

perfect vision secured, and the slight impairment remaining finds a full explanation in the condition of the lens. It not unfrequently is a difficult task to determine the exact relation that lenticular opacities, especially those of a striated character, bear to the amount of vision present in given cases. Striæ, similar to those found in this case, have sometimes been discovered accidentally while examining the eye for other purposes, the patient's attention not having been directed to them by any noticeable defect of vision. These striæ have been known to remain unchanged for a long time and in some instances during life.

There would have been some warrant for attributing the impaired sight in this case to the opacity of the lens, and for supposing that the slight amount of myopia was due to a swollen condition of the lens, which is sometimes present during the progress of maturing cataract, and in that event no hopes of a favorable change could be based upon the known action of any remedy as yet applied in such a condition.

Whichever of the various possible explanations might be accepted there was no ground on which to base a favorable prognosis. Treatment was undertaken more for the purpose of seeing what would occur than with any confidence of obtaining good results, and the termination teaches the value of a trial. Seventy-three days were consumed in the trial and to Strychnia alone the result should be attributed.



## SPINAL DEFORMITIES.

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*Presented to the Illinois Homœopathic Medical Association, May, 1878.*

The attention of the profession has, during the last year or two, been directed anew, and with a livelier interest, to the subject of spinal deformities, by the introduction of the new method of treatment, devised by Professor Sayre. This new departure certainly promises to open a new era in this department of orthopædic surgery. But while the originator of the "plaster jacket" has done much to perfect this mode of treatment and to demonstrate its success and applicability to all forms of spinal distortions, it is probable that great improvements are still to be brought forward and more extended experience will be required to arrive at definite conclusions regarding the ultimate estimate to be placed upon this discovery.

It is quite probable that within five years a wave of reaction will be brought to bear upon this method, for the reason that others will not be able to produce the brilliant, almost miraculous results which Professor Sayre has recorded in his published cases. Few writers or lecturers have the ability to present a subject in such convincing terms or in such vivid colors, and while listening to his vigorous descriptions or reading his writings one cannot doubt that the methods of diagnosis and treatment

are as plain and easy as turning over one's hand; nor that these remarkable results will follow with the same precision as if accomplished by mathematical machinery.

It may as well be confessed, however, that even with the aid of *plaster jackets* all the difficulties which have beset the treatment of spinal diseases have not entirely vanished.

There is still room for skill, discrimination, ingenuity and everlasting patience; and those who imagine that the successful treatment of such cases is hereafter to be but the amusement of an idle hour will be likely to meet with disappointment and abandon the method as an imposition.

If, however, the etiology and pathology of these diseases are thoroughly studied and the details of the treatment faithfully observed there can be no question that we are now able, as never before, to successfully cope with these heretofore intractable diseases. Inasmuch as these cases are very much more common among the poorer classes in our cities than elsewhere, the methods of treatment heretofore employed, i.e., by expensive apparatus, have placed relief almost entirely beyond the reach of a majority of such patients; whereas now the expense is so trifling, aside from the

surgeon's time and skill, that none need lack the means of relief, however straitened their circumstances.

This phase of the subject is especially noticeable in our dispensary practice.

During the year past the Saturday's surgical clinique at the Chicago homœopathic college has illustrated much better than any description could do, the great advantages of the plaster jacket over the old steel braces which are still being manufactured and sold by the instrument-makers.

In a word, we are now, for the first time, able to apply to the spine the same treatment which we have been employing in diseases of other joints, viz., *rest* and *extension*, maintained by close-fitting and immovable splints.

As to the origin, diagnosis and treatment of "Pott's disease" or spin-dylitis, (as it is lately proposed to designate the destructive inflammation of the vertebræ), there is but little to add to what has been already written. No doubt much more attention is being and should be directed to the diagnosis and treatment of this affection in its incipency. In this way we should be able to avoid deformity entirely. Even in more advanced cases, where deformity has already become more pronounced, we may still straighten the spine to a considerable extent and certainly should arrest the *progress* of the disease. Cases may be met occasionally in which the general cachexia has become so extreme and the nutritive

functions so impaired that they cannot be restored, and the patient gradually wastes from inanition.

It is somewhat remarkable that so few surgical writers yet recognize the distinction between posterior deviations from Pott's disease and those arising from other causes. It seems hardly possible that any intelligent surgeon of experience in this direction could have failed to note many instances where posterior curvatures have arisen simply from weakness or softness of the bones, cartilages, ligaments or muscles of the back, entirely disassociated with any evidence of organic lesions or inflammatory processes; analogous indeed to lateral and anterior curvatures. Such cases, it has been my habit to designate as *simple* posterior curvatures. If involving the whole spine in a single bow, it has been called *gibbous*, or if but a portion of the column, *kyphosis*. Although these distinctions have not been recognized, among surgical writers, it seems desirable that they should be.

In cases of this class, we have a right to expect *complete removal of the deformity and cure without loss of mobility*, provided they are not already inveterate and resulting in distortion in the form of the vertebral bodies and intervertebral cartilages. The same remarks apply to "lordosis" or exaggerated anterior lumbar curvature, but not with the same force to scoliosis or, as Sayre would designate it, "rotary-lateral curvature." In advanced cases of this deformity

the rotation of the spinal column upon its axis and the consequent distortion of the ribs offer a very serious obstacle to successful treatment, since it is extremely difficult to bring our forces to bear in any direct manner to correct the deformity. Persevering cultivation of the opposing or weakened muscles and intelligent efforts in the direction of unbending the abnormal curves, conjoined with self-suspension and the plaster jacket will in due time cure all but the most obstinate and chronic cases. In his work upon Orthopædic Surgery, published some two years ago, Dr. Sayre attempted to explain the rotation of the spine in lateral displacement, by the unequal action of the serratus magnus and rhomboidei muscles upon the two sides of the chest.

This explanation we will not now pause to discuss. It is sufficient that a surgeon of our school has unwittingly carried it to the *reductio ad absurdum* in a pamphlet which he has recently put forth, and in which he attempts to follow his leader but unfortunately follows him too far. In fact he makes the spine rotate in exactly the opposite direction from that produced by the disease. This is certainly very unfortunate logic, either for the *writer* or for the *disease*. It remains to be seen which will carry the *weight of authority* in the sequel. In his latest publication, however, Dr. Sayre refers to this subject to say that he *formerly* explained the production of this deformity in that way; but leaves the reader to infer that he has

abandoned his theory as untenable, and proceeds to give a much more rational explanation based upon a paper written by Dr. Judson.

Were it not that it would occupy too much of the time of this association it might be profitable to discuss somewhat fully the mechanism of this disease and its remedial treatment, but it was the intention of the present paper to give simply a general estimate of the value of this new mode of treatment and of the results we may reasonably expect it to accomplish, and we conclude by saying that no other innovation has been brought forward since the introduction of the antiseptic method, which promises such valuable results to mankind as the treatment of spinal deformities by plaster of paris jackets.

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P. S.—As illustrating the results of the treatment referred to in the foregoing paper, a brief report of one or two cases drawn from the surgical clinique of the Chicago homœopathic college may prove of interest.

It must be understood, of course, that the class of patients which are presented for treatment at a public clinique, as well as their attention at their homes and the opportunities for observation and treatment make such cases the most unfavorable for obtaining brilliant results.

#### CASE I.

Nellie McL., six years old, was brought to the clinique first, April 6, 1878. About three years ago she fell down stairs, striking upon her head,



but no clear evidences of disease of the spine were observed until some six months afterward. Her appearance of suffering and emaciation was very

and was told to return the next week when the necessary garment would be given her. Accordingly on May 11th, the profile of the spine having been taken standing as seen in the dark line, Fig. 1, and also while suspended as shown in the dotted line accompanying, she was "put up" in the plaster jacket and directed to report in one week for inspection. It was then (May 18th) found that the proper setting of the plaster had been prevented by the struggles and movements of the child before it had sufficiently hardened and the jacket had wrinkled together so as to make it uncomfortable. It was accordingly cut down the middle in front, removed, straightened out and strengthened by some fresh plaster and reapplied, lacing it together through eyelets made in the cut edges. Although, as thus arranged, it did not support the spine as perfectly as when sound and entire, it had the advantage of allowing frictions to the surface and avoiding irritation from too constant pressure. This treatment was continued until July 6th, when a new jacket was applied. The outlines as taken at this date are shown in the accompanying Fig. 2. A comparison of these drawings, which are reduced to one fourth the natural size, shows a gain of just one inch in the backward projection of the spine between her positions unsupported on May 11th, and again on July 6th; or if we compare her first position with her second when suspended we find a gain of one inch and a half. When we consider



Fig. 1.



Fig. 2.

marked. She could hardly be induced to stand up without resting her hands upon her knees, and could walk only with the greatest difficulty. Upon examination the deformity was found to be located in the lumbar region. She was directed to procure the necessary undershirt and report the next week for the application of the "jacket." She did not return, however, until May 4th, when her mother stated she had been unable to buy a suitable shirt for want of money

that this was done in a space of eight weeks, in a case of three years standing, and with no care or nursing at home save such as an Irish laboring woman would give, it would certainly be a creditable showing for any method of treatment however perfectly applied. But when we further consider that but one jacket was applied, that this was spoiled before it was finished but was patched up so as to be put on or taken off at the caprice of the mother, the progress, so far in advance of the *best* results of the old methods, seems really surprising. The little patient is still under treatment and rapidly improving in all respects. When last seen, August roth, she appeared so much healthier and happier as to be hardly recognized. Having had the jacket on five weeks in the heat of summer it was cut open and left removable for a couple of weeks before applying the third of the series.

#### CASE II.

Inga Erichsen, four years of age, was first presented for examination May 5, 1877. She had then been suffering from Pott's disease about six months, caused by falling from a chair and striking upon her head. Her general health was severely impaired. She was extremely emaciated and cachectic and paraplegic from the lumbar curve down, so as to be absolutely unable to stand or use the lower extremities. Under these circumstances it was thought best to continue the use of a steel brace which she was already wearing and

receive medical and galvanic treatment.

July 21.—A molded sole-leather splint was adapted to the back to be worn under the brace. Is troubled with cough, loss of appetite, anorexia, etc.

March 2, 1878.—Has so far regained the use of the limbs as to be able to walk a little with help, under the use of galvanism and remedies.

March 9.—The spine presents two decided curves; the most prominent being in the upper dorsal and lower cervical region; the other in the lower dorsal and upper lumbar.



Fig. 3.



Fig. 4.

In the preparation of the patient the taking of the profile of the spine

was neglected which is to be regretted.

A plaster jacket was applied in the usual way, and on the following Saturday the "jury-mast" attachment for head extension was also applied. March 23d it was found necessary to cut the jacket down at the top in front to relieve excessive pressure upon some points of the projecting sternum, and on April 6th it was found necessary to remove the jacket on account of ulceration caused by the pressure upon the anterior superior iliac spines and the prominent lumbar vertebræ.

April 27.—The abrasions having healed the curvatures were found to be as represented in Fig. 3, without extension.

May 11.—A new jacket with head extension was applied. The general health is reported much improved.

June 15.—Reports much improvement in all respects, being able to run about unassisted.

June 29.—Complaining some of trouble in the stomach. The jacket was split open in front, when the tracing shown in the dotted line, Fig. 3,

was taken. On account of the heat of the season the old jacket was retained and worn only during the day and the patient kept in the horizontal position as much as possible on account of the extreme weakness of the spinal muscles.

Aug. 17.—Walks without the splint but from the muscular weakness shows a tendency toward lateral flexion of the lumbar spine. Appetite is good and digestion also. Directed to return in two weeks for a new jacket. The tracing taken at this time is shown in Fig. 4. By a comparison of this (which was taken without extension) with Fig. 3, shows a very marked change. It will be seen that the lower excurvation has very nearly disappeared, leaving the upper one comparatively unaffected.

Considering the extreme impairment of nutrition, the paraplegia and the existence of two distinct curvatures, the progress made thus far since the application of the first jacket must be considered extremely gratifying.

## JABORANDI FOR SEMILATERAL SWEATING.

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In looking over the pathogenetic effects of medicines belonging to our materia medica, I find very few which are reported to cause sweat on one side of the body. *Nux vomica* causes "sweat on one side of the head and face"; *Pulsatilla* on "one side of the

body," and Jahr mentions *Ambra grisea*, *Baryta*, *Bryonia*, *Chamomilla*, *China*, *Cocculus*, *Fluoric acid*, *Ignatia*, *Nux vomica*, *Pulsatilla*, *Rhus toxicodendron*, *Spigelia*, *Sulphur*. But all these are doubtful except *Nux vom.* and *Pulsatilla*. They may cause



"partial sweating," but not actually semilateral.

The new remedy, Jaborandi, notable for the enormous general perspiration it causes, seems to be capable of producing sweating of one side of the body. Dr. Englemann, in his report of several cases of ovariectomy (*American Journal of Obstetrics*), mentions an instance where he gave Jaborandi daily, for a week, in doses varying from one to four drachms, and records that it caused, "unilateral sweating; a cold perspiration appeared on the left half of the body, and continued eight or ten hours, the right

side remaining perfectly dry; there was also trembling of the limbs, and a numbness of the left lower arm and in the left side of the trunk."

The recent experiments of Luchsinger have demonstrated the existence of sweat-centres in the medulla and spinal cord. The cause of unilateral sweating must lie in some unusual irritation or paralysis of these centres. Atropine has been used successfully for the removal of semilateral sweating. The whole subject of unilateral and partial perspiration needs investigation.

## VERIFICATION OF CHARACTERISTICS.

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*Read before the Illinois State Homœopathic Medical Association.*

I have nothing to report in the way of new remedies or new provings. But I will offer some verifications of characteristics of remedies already in use. This I regard of as much importance as provings of new substances.

This question of characteristic indications for our remedies, is to my mind the most important one connected with our therapeutics. And I am sorry to say it, is altogether ignored or openly ridiculed by nominally homœopathic physicians. Their reasons for so doing logic fails to disclose.

As the science of homœopathy suffers from a promulgation of such negative and positive thrusts at her crowning glory; and as many students receive such teachings from authorized teachers, by mouth and pen, I hereby enter my earnest protest against such teachings; and at the same time say a word for truth as I see it; giving reasons for the faith that is in me.

We have, I believe, some five hundred remedies in use, or at least in our materia medica. These substances, like other individuals in nature, universally, have their pecu-

liarities — no two of them are *exactly alike*. Each is *characterized* by at least *one* property or feature possessed by no one of the other 499. Were this not the case, then one, at least, of these substances would be redundant and useless, because another could as well fill its place and perform its functions. And as numbers are only confounding when they do not add to use, these medicines of our *materia medica* which are like others—which have no characteristics—should be thrown out as cumberers of the ground in order to simplify the work.

If, however, as is true, each drug has some property or feature possessed by no other drug, this property or feature which characterizes it from all others, and which points out its sphere of usefulness, should be known. Otherwise it might as well have none; and it would in effect be as one having none, and consequently useless. But what is true of one individual or substance here is equally true of all. Consequently, in order that the best use may be made of the remedies presented by our *materia medica*, it is necessary that the distinguishing feature—the “*characteristic*” of each shall be recognized. It seems to me there is nothing in the teachings and practice of homœopathy more logically plain than this. Therefore, I think the learning of these characteristics, and their clinical verification are matters of great importance and use to the general practitioner, and proper to be presented before this society.

In this faith I relate the following cases, and as cases related in this way, if reliable, are of the utmost importance, and very useful, I stand prepared by permission, to give names and addresses to any proper person who may feel desirous of satisfying himself as to the facts.

#### CASE I.

Fever and ague. The patient, a large, fleshy man of about thirty years. Was prostrated by chills and fever, chills coming on every other day at about 4 P. M., and continuing two hours, followed by more or less fever till late bedtime, when he would be comparatively comfortable till morning. Both the chill and fever were very severe, the patient tossing, anxious, hot and restless. The time of aggravation — 4 P. M. — suggested *Lycopodium*, and further inquiry developed strong supporting symptoms, viz: heavily loaded urine, with a pinkish half-floating sediment, and a substance like brick-dust settling at the bottom of the vessel; much severe pain in the renal region, which was much aggravated if he held his water after the desire to urinate had appeared, and increasing in severity in proportion to the time he held it; the pain was much relieved by urinating; he belched much wind, complained of its rumbling and paining him.

Believing that chills and fever—fever and ague—is the disease par excellence, which either makes or mars the homœopathic physician in locations where it prevails, and believing, from ample experience in its

strongholds, that the homœopathic remedy, properly selected, will always cure it, and that no other course *will cure it*, I prescribed Lycopodium as the remedy indicated by the teachings of our law. I prescribed it in a high attenuation, because it has proved useless in my hands in the cruder preparations. The relief was prompt, steady, and continuous, until complete recovery. The severity of the paroxysms gradually decreased, so that in less than a week he was discharged. About a week later he had some indications of the trouble returning, and a few doses of the same remedy removed all traces of the disorder. He has been free of any sign of the trouble for more than six months.

#### CASE II.

A young, healthy, strong man of twenty-seven years of age, had had fearful attacks of chills and fever off and on for three years, so severe that he and his friends thought he should die. Attacks came on in the spring and remained until suppressed with Quinine, when he would be relieved from the ague for two weeks, but the effects of the large doses of Quinine were so distressing that it was like jumping from the frying pan into the fire. The patient was under a homœopathic physician during his various attacks. This condition prevailed during two years in this city, notwithstanding many resorts both to Quinine and homœopathic medicines.

When he came to me he had not violent chills, but they were coming

in the old, well-known and dreaded way, patient was very low-spirited, aching in the bones and limbs, chilly, nausea, headache, lonesome, couldn't bear to be alone, much wind, troubled sleep, tired in the morning, no ambition, though naturally very ambitious and buoyant. All these symptoms were aggravated markedly about 4 P. M., and relieved again in a measure at bedtime, Urine high colored. Lycopodium in a high potency was prescribed. Improvement set in promptly, and for about a week he felt perfectly well. At the end of that time the aguish, tired, chilly feeling returned, but with different characteristics. He was now worse about 10 A. M., lasting till after 12, when he would begin to feel better. Here was the same patient with the same disease, but with different *characteristics*. I did not give him Quinine, nor the same remedy which so promptly relieved him formerly. I gave the remedy indicated by the new characteristics. This change in time of aggravation was marked. The headache was more severe now than when the aggravation was in the afternoon. Natrum mur., in a high potency, was prescribed. A complete cure was the result. While before taking these remedies the patient complained, even when he had no pain, of a feeling of weariness, lassitude, despondency, low-spiritedness, want of appetite—he had often gone a whole day without eating—he is now buoyant, happy, strong, cheerful, with a strong appetite, sound sleep.



wants to rise early, and in all respects an altogether different man. It is now about a month since taking the *Natrum mur.*, and although he has been wet and exposed to cold in a chilly, damp room, which had always before brought the ague feeling on, yet he has felt perfectly well, and says he feels cured, which he has never before done after treatment.

He had but one prescription of each of the remedies, and not more than four powders in a prescription.

#### CASE III.

This patient was a man of about thirty-five years of age, strong, well, and in good circumstances, a medical student from Minnesota. He had been having a slight but increasing chill, every alternate morning, for ten days. The chill came on about 10 o'clock, and was followed by a severe headache, which lasted till noon, when the violent symptoms gradually disappeared. The heat and headache, especially the headache, were disproportionately severe. The recurrence of the chill was very prompt at about 10 A.M. These were the chief characteristics in the case, and decided the choice of the remedy, *Natrum muriaticum*. The patient being a medical student, I told him what the remedy was, and why. He said he had been taking *Natrum m.* 6th for several days, without benefit, the trouble increasing in severity all the time. I told him, as I believe, that he might as well take a pinch from the salt barrel. I gave him four powders of a high attenuation. He

never had any more trouble with the ague.

#### CASE IV.

Uterine hæmorrhage. The patient is about thirty-eight years of age. Had been flooding for four weeks, during which time she had used all the usual mechanical means of relief without avail. The condition when I found her was complete prostration, colorless face and lips, ringing in the ears, faint on raising her head from the pillow. *Flow, bright-red; much nausea*, which was very marked and persistent; *pain in region of umbilicus, and running down toward uterus*. The flow had been incessant for four weeks. Knowing that homœopathy, with the properly-selected remedy, can do more in such cases than all other means combined, and *Ipecac* being so clearly indicated by the symptoms italicised above, I unhesitatingly prescribed that remedy. The result was most satisfactory. In twenty-four hours the flow had changed to a substance resembling leucorrhœa, had lost its sanguineous appearance, and was much less in quantity, and in forty-eight hours its flow had almost altogether ceased. In less than a week the patient walked into my office.

I have many other similar cases and results, but will not occupy the time of the meeting by relating more. These will suffice to illustrate what I wish to impress upon the minds of such physicians as have no confidence in the higher potencies, viz., that there are remedies, practically

inert in the crude state, which have most remarkable curative power when potentized; also that fever and ague, which has always been such a reproach to homœopathy, yields with wonderful promptness to the well-selected remedy; also that the higher potencies are especially efficacious in that disorder, and lastly, that the two remedies which I have named, are comparatively useless as remedies in the lower potencies and in the crude state, but are most valuable remedial agents when administered in the 30th attenuation, or higher. I also believe that every case of fever and ague can be cured by the properly chosen homœopathic medicine. But in order to do so, the physician must not be influenced too much by the name. He must as carefully individualize in

this disorder as in any other. And the only way to apply homœopathy is to individualize each case. Treat each *patient* according to his pathological individuality, disregarding as much as possible confusing and misleading names.

We should remember that symptoms are the cryings-out of troubled nature, and are consequently true and just as they seem, while the deductions we draw from those symptoms are human, finite, and very liable to be erroneous. A system based upon natural phenomena is more likely to be correct, other things being equal, than that based upon human deductions from these natural phenomena; especially as those deductions are in a great measure necessarily speculative.

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### CLINICAL OBSERVATIONS.

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#### I.

A young, delicate lady, who was nursing her second three-months-old child, complained of violent pain in the breast, "whenever the milk came into them." Upon questioning it was found that every two or three hours she would be suddenly seized with severe, stinging-like pains throughout the breasts, and would press with both hands against them to relieve the pain, which lasted several minutes. As at the same time the milk

began to ooze out, she took it for a sign that the milk flowed just then into her breasts, and that it was time to nurse the child. The babe worried her much by frequent crying and uneasiness, requiring a great deal of attendance night and day. Consequently she felt quite weak, discouraged and nervous, the nursing and care being altogether too much for her. I gave China, and advised part feeding of the child. This improved her health generally, but had no effect

on the pain in the breast and spontaneous flow of milk. A few doses of *Phytolacca*, 2d decimal, cured both in one day.

## II.

A lady in the seventh month of pregnancy complained of too violent motions of the fœtus. We gave her *Lycopodium*, 3d decimal trituration, 30th and 200th dilution, of each several powders, each kind marked respectively, 1, 2, and 3. She, ignorant of potencies, was directed to take the three kinds promiscuously and note their relative effect. I told her that they were three different preparations of the same medicine, and that I wished to know which would operate most favorably in her case. About a week afterward she informed me that the powders No. 1 (3d trituration), always had a prompt effect; that No. 2 (30 dilution), worked slower and its operation was of shorter duration; that No. 3 (200th dilution), had no effect at all.

## III.

In the *New England Medical Gazette*, No. 12, p. 408, we published some clinical observations on the use of *Calcareæ hypophosphorica*. From its use at the sick-bed I have arrived at the following indications:

Pain or distress, with a sensation of fullness or pressure in the pit of the stomach or under the sternum, accompanied by a desire and effort to gulp up wind, with the feeling that eructations would relieve. The attacks appear and disappear quite suddenly, and if severe, the pain

extends back to the spine; they come on either before eating, and then are relieved by eating (especially the drinking of milk), or directly after eating; but there seemed to be no catarrh of the stomach or dyspepsia; the appetite and digestion is good; the choice of general food makes no difference. Free intervals with no soreness of the affected parts. The disease is much more frequently with females. I do not think that it is a disease of the stomach, but a mere nervous affection, perhaps a neurosis of the nervous *vagus* or *sympatheticus*.

I have most always used the crude substance (about two grains dissolved in one-half glass of water, one spoonful from every fifteen minutes to two hours), as the 3d trituration did not operate as well. I never used the substance but that it gave *immediate* relief.

## IV.

A man suffered for several days from pain in the right eye-tooth, which grew daily worse. The tooth seemed sound, but felt as if too long, and pressure on the crown, and outside on the root increased the pain greatly. *Mezereum* 2d dilution, hourly, gave speedy relief and removed all pain and soreness in two days, and saved the patient from having a sound tooth extracted.

## V.

A lad was troubled with itching in the anus, caused by pinworms. *Ignatia* 2 proved useless, also injections of water, but a dose of about three grains of *Santonin* helped at once,



and he was free from it for the next six months, when the itching reappeared. Ignatia 2 for several days was again ineffectual, but Santonin cured as quickly as before. We mention this cure because Cina and Santonin are not recommended by our later writers against pinworms.

Lilienthal, in his translation of Jahr's Clinical Guide, and Raue and Kafka, in their Therapeutics, recommend Cina against lumbrici, not against pinworms. Guernsey, in his Obstetrics, does not mention under Cina, itching in the anus. In Allen's Encyclopædia, we find no symptoms of the rectum and anus. Bähr, in his Therapeutics, speaks against the use of internal remedies in the treatment of affections from pinworms, and advises injections of water, with or without the addition of medicines,

among which he mentions Cina, casually. In Jahr's Codex of Symptoms (German edition), we find under Cina only the following two symptoms, which have reference to worms:

"*Complaints caused by lumbrici* (and pinworms?); exciting itching in the anus, forcing to scratch." Our *old* writers, Kreussler, Hartmann, and Seidel, recommend Cina against a long list of symptoms caused by *worms* (only Hartmann specifies lumbrici and pinworms), among which itching at the anus is mentioned.

I cannot find that Santonin has been recommended or given internally for the sole symptom "*itching at the anus caused by pinworms.*" But as it twice cured this patient quickly, perhaps others will be as successful with it in treating this annoying symptom.

## RETAINED PLACENTA AFTER ABORTIONS, CAUSING VERY EXCRUTIATING NEURALGIA.

*A Paper presented to the Joint Convention of the Western Academy of Homæopathy and the Ohio State Homæopathic Medical Society, held at Cincinnati, May, 1878.*

I will not attempt to occupy the time of this learned body in discussing the pathology of neuralgia, and so will aim tolerably direct at the subject I wish to bring before this society. It is well known that neuralgia results from an irritation of one or more of the sensory nerves, which irritation may produce pain in any part of the nerve from its origin to its termination, and sometimes the pain is real-

ized in very remote parts of the body from the place of irritation, as it were, telegraphed through the nerve centres. For instance, irritations of the digestive apparatus, of the liver, kidneys, or uterus, may give rise to neuralgias quite remote from them, as is illustrated in the following cases. These cases I regard as somewhat uncommon, as I have never read of any similar to them.

## CASE I.

I was called to see Mrs. S., aged about thirty years, and the mother of two children. The messenger requested me to go in great haste, as the lady was suffering very intensely with the neuralgia of the face, most severe in the right eye and side of the head and face. I found her moaning and suffering most excruciating pain. I prescribed Belladonna first, then Gelsemium, Aconite, Arsenicum, and Rhus tox., as I thought indicated, but all without any perceptible benefit to my patient. As she was exhausted with fatigue, and absolutely demanded rest, I gave her one-fourth grain of Sul. Morphia, by means of hypodermic syringe, which gave her temporary rest. I prescribed for three days, and used hot and cold applications, but with little or no benefit to my patient or satisfaction to myself. I fully realized that there must be a hidden cause, but almost despaired of finding it. I could find nothing in her history that led me to suspect any uterine derangement, until she incidentally mentioned having miscarried nearly a year ago, but she had enjoyed good health since, except at times profuse and painful menstruations. I now made an examination with the speculum, but could see nothing that should make the trouble, and then introduced my finger and forced it into the os tincae and felt something that could easily be mistaken for a polypous of small size and I told her that she either had a small

polypoid tumor or that the placenta from the miscarriage had been retained. As the os was quite rigid, I prescribed Gelsemium, ten drops in a half glass of water, and a teaspoonful every half hour, and returned in about two hours and injected tepid, or rather warm, water into the womb, and this very soon induced contractions which expelled a retained placenta, and her neuralgia was cured. I prescribed China 3, and my patient rapidly convalesced, and I have never heard of her being troubled with neuralgia since—some four years.

## CASE II

I take from a report of Dr. S. D. Jones, of Indianapolis. Mrs. S. T., aged thirty-five years, mother of four children, sent for Dr. J., the messenger requesting him to come in haste as the lady was suffering excruciating pains around the left eye and side of the face, the pains extended down the left side to the region of the apex of the heart, and were accompanied by extreme nausea, and a constant and excessive flow of frothy saliva, so abundant that she was compelled to use a vessel constantly, and the discharge amounted to several quarts daily. At his first visit she stated that she was having one of her old attacks of neuralgia, and similar to one she had about five years since, which lasted about six weeks. The first prescription was Aconite and Merc. sol. 3x, in alternation, every half hour. On his next visit found the patient no better. Ipecac. was next tried, and then Arsenicum, and

other indicated remedies in high and low potencies were prescribed, and thus he continued for several days, but nothing, or any adjuvants he used, in the least mitigated or modified her sufferings or changed the symptoms. She continued to grow worse and continued very much prostrated. He made several examinations of the stomach and abdomen, but found no tenderness, and upon inquiry as to her uterine condition and menstrual functions, she asserted that she had no trouble, pains, or any unnatural feeling in the womb, and that her menses were regular, and had been for several months, and that her general health had also been good. The failure of the treatment and the stubbornness of the case convinced the doctor that the cause was remote and hidden. To find this he carefully studied her history, which led him back to an incident that happened to this lady something over nine months previous. While Dr. Jones was attending her brother, during a run of typhoid fever (she being the nurse), this lady was suddenly attacked with an active and painless menorrhagia, which she thought to have been caused by excessive labor and running up and down stairs, as she had been doing, in waiting upon and nursing her brother. Dr. J. prescribed China and Hamamelis 2x, every half hour, and enjoined rest in a horizontal position. But the hæmorrhage was not in the least checked by this prescription, and he prescribed Ergot, and then Ipecac., without any

benefit in the case. An examination revealed a part of a placenta protruding about an inch through the os uteri. He told her that she had had, or was about to have, a miscarriage; and that the afterbirth was protruding from the mouth of the womb; and that this was the cause of the profuse hæmorrhage. To this the lady replied that it was impossible, as she had miscarried about two months before, at about the fourth month of gestation, as she supposed. An attempt was made to remove this afterbirth, but the rigid condition of the os held it so firmly that it could not be removed, and Gelsemium was prescribed. He returned the next day and found the hæmorrhage still no better, and the os still rigid. He then made another attempt to remove this mass, and grasped it with such determination that he tore off the protruding portions, and the remaining portions slipped back into the womb. The hæmorrhage ceased at once and she felt perfectly relieved and in a few days regained her usual health and strength, and was able to attend to her household duties. The doctor stated to her that he thought it best to wait than to forcibly interfere, as force in the case would be likely to do more harm than the retained placenta, which would in all probability soon be expelled by the contractions of the womb, though it might possibly be retained for months without doing serious harm. This lady was neither seen nor heard from by Dr. J. for nine months, or until



called, as before stated, to treat her for this terrible neuralgia. During these months her menses had been regular in time, though at times rather profuse, and she had no knowledge of passing the placenta, but supposed it had passed away as a matter of course long ago. Dr. J. concluded that this neuralgia was caused by the retained placenta, and that this must be removed to cure the neuralgia. He now prescribed Cimicifuga and vaginal injections of warm soap-suds, and left, promising to return within an hour or two, but in less than an hour he was summoned in great haste, the messenger stating that the patient was dying. On arrival he found that the medicine and injection, either singly or conjointly, had almost immediately induced uterine contractions in rapid

succession, and in less than hour the retained placenta was expelled, followed by about one-half pint of pus, which had formed between the placental attachments and the uterine walls. The placenta, upon examination, showed plainly where the portions had been torn off, and also had thrown out granulations as if making an effort to heal the wound. The neuralgia ceased at once, and she made a rapid recovery, and has continued to enjoy good health for several years.

Now these two cases were to me very peculiar, and I have never had or heard of any similar cases, and therefore I have reported them to this society for the purpose of ascertaining if any of my colleagues have had any like experience, and if so, did they more successfully treat them?

## A CASE CURED.

### A. FOSSIL.

As far back as twenty years I have known Mr. A. H. Twenty years ago he was at work in New York in a goldsmith's establishment at what was called "jewel setting." He began to complain of his kidneys, and after a few years he was obliged to give up his business in the city and come to live near Auburn, in order to be out in the air, and to do something not requiring him to sit. During all these years following, his kidney complaint

never left him. He was continually under observation, but did not ask me to prescribe for him. About one year ago he came to me and said that his physician had told him to consult me. His disease was not a kidney complaint after all. One constant symptom he had, viz., *after each urination there came a pain at a point in the vicinity of the neck of the bladder.* Of course this was not all he complained of, but this was never absent. He

was compelled to urinate often, and had distress more or less all through the pelvis. He had no expectation that relief would ever come to him, and I was inclined to think so too. We sat down together and compared symptoms. I read all the symptoms in Hering's New Materia Medica under "urine," and compared his feelings carefully with them until we came to Sarsaparilla, where we found his symptoms in all its completeness. The distress, a pain *invariably after* urinating. I gave him six powders of Sarsaparilla 200, with directions to dissolve a powder in six tablespoonfuls of water, and take one tablespoonful night and morning, until this solution was all taken, when, if he felt better, to take no more, but if there was no relief, to dissolve one after another and take them until they were all gone. I had no opportunity to get an account of the result of our prescription until about a week ago. I had seen him often in the meantime but did not refer to his complaint for the reason that I did not expect anything to help him after more than twenty years of suffering. He voluntarily said to me that he wished I would give him some more of those powders — not because he needed them, but because he *might* need

them. He also told me another symptom which he had all the time with the urinary difficulty: after every urination he had chills commencing at the region of the neck of the bladder and spreading in an upward direction, until finally he felt them in the whole upper part of the body, and these chills, together with the pain after urination, had entirely disappeared after taking the Sarsaparilla. It seems that after nearly a year of freedom from this trouble we may conclude that he is cured,

I write out this case after reading Hale's tirade on "Fossils," with a feeling of satisfaction that I may be thus classed.

And here, after a number of years of effort, patiently and carefully trying to relieve suffering in following Hale's lead, I say, truthfully, that I have never in a single instance got the least result from the effort. With the symptoms as portrayed in Hering's Condensed, I have been able, over and over again, to relieve suffering with the same remedies which Hale has spilled so much ink over. Others claim to have done what I have not, and probably they tell the truth, but as for me I can but say that Hale's writing's have proved a complete failure. C. W. Boyce.

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THE HEADACHES OF ALUMINUM, AMMONIACUM, AMMONIUM BROM., AMMONIUM CARB., AMONIUM MUR.,  
NITRATE OF AMYL, AGNUS CASTUS,  
ANACARDIUM.

ALLEGHENY MATERIA MEDICA CLUB.

ALUMINIUM.

TYPE.

Suitable to persons of a scrofulous habit, who suffer from chronic diseases. Indicated in chronic catarrhs of the head, and for the headaches resulting from or accompanying them.

LOCATION, DIRECTION AND CHARACTER.

Headache attended with nausea, oppression in the forehead, and rush of blood to the eyes and nose, with bleeding from the nose.

The head feels heavy, with paleness of the countenance and langor; the vertex feels painful to touch.

Lacerating pain in the head.

\*Stitches in the brain, sometimes with inclination to vomit.

Heat in the head.

\*The headache abates when the head is rested quietly upon a cushion.

\*Throbbing in the head, sometimes with stitches, pressive or lancinating.

\*Pain in the head and nape of the neck, it increases on going to bed, and only leaves off in the morning, on rising.

Pressure in the forehead from without inward, or within outward, or over the eyes in the evening, sometimes with a chill, or following nocturnal heat or sweat; sensation in the

head as if its contents were in a vice, with a weight on the top.

Throbbing frontal pain, worse going up stairs, or stepping.

Headache, sometimes on the left side, aggravated by walking in the open air.

Stupefying tightness in the right temple, relieved by pressing upon it.

Tightness, with drawing and beating in the right side of occiput.

Semilateral affections of the head; old rheumatic affections, always appearing on the same side.

OTHER HEAD SYMPTOMS.

Headache, with constipation.

Falling off and dryness of the hair.

\*The head always feels giddy as soon as she opens her eyes.

\*Vertigo, every thing turns with him in a circle, attended with nausea.

\*Itching scales on hairy scalp.

\*Soreness to touch, creeping and titillation of hairy scalp.

AGGRAVATIONS.

From walking in open air, going up stairs or stepping—throbbing frontal pain.

On going to bed—pain in head and nape of neck.

Worse on alternate days, in a warm



room and in the evening; general symptoms.

#### AMELIORATIONS.

From pressure on it—stupefying tightness in right temple.

On rising in the morning—pain in head and nape of neck.

Headache abates when the head is rested quietly on a cushion.

#### CONCOMITANTS.

\*No desire to do anything, especially, anything serious.

\*Anguish, oppressive and vague fearfulness, or uneasiness as if he had committed a crime.

\*Inability to recollect things, or follow up a train of thought.

\*Unrefreshing night sleep, a mere slumbering, with sensation in the morning as if he had not slept enough.

\*Constipation from great dryness of the mucous follicles of the rectum, with long-lasting pain in the rectum.

\*She cannot pass her urine without straining at stool.

\*Profuse, acrid leucorrhœa, with great debility, aggravated by walking.

Chronic diseases which occur in dry, thin subjects.

Has frequent relapses.

#### AMMONIACUM.

##### LOCATION, DIRECTION AND CHARACTER.

Pressive pains in the whole head, especially in the supraorbital region and occiput.

Aching in the forehead, with confusion of the whole head, and such drowsiness that any effort or labor was utterly impossible.

Aching in the forehead.

Pressive pains in the whole forehead, and over the eyes.

Pressive pain in the whole head, especially in supraorbital region and occiput.

Transient, stitching pains in the left temporal region.

Tearings in the left side of the head.

Stitching pains pressing through the head.

Forehead confused, with weakness of sight and heaviness in the loins.

Heaviness of the head.

#### OTHER SYMPTOMS OF HEAD.

A furry sensation at the occiput.

Stitching upon the occiput, where the hair ceases; under the hair pustules were formed.

Where the hair ceases, isolated pustules.

Frequently-returning stitches, as from a knife, in the middle of the hairy scalp.

Itching of the hairy scalp, (more in the vertex and below), requiring him to scratch.

#### CONCOMITANTS.

Confusion of the head and sleepiness, with a sensation as if bruised in the limbs, and pains in the course of the crural nerve.

Forehead confused, with weakness of sight and heaviness in the loins.

Aching in the upper part of the eye.

Dimness and obscuration of sight in the evening, amounting almost to blindness, stars and fiery points moved with the eyes.

The daylight hurt his eyes.

Before the eyes a cloud of dust constantly wavered.

#### AMMONIUM BROMIDUM.

##### TYPE.

Feeling as if a band was tied around head above ears, pressing hardest just above the ears.

##### LOCATION, DIRECTION AND CHARACTER.

Pain in side of head, near the eye, as if a nail were driven into it.

Sharp pain in left side of head, near the eye.

Headache from congestion of brain.

##### VERIFIED SYMPTOMS OF HEAD.

Pain around both eyes, into the head.

##### CONCOMITANTS.

Right eye full of stringy mucus.

In morning, tongue smarts severely, as if just burned.

During day, throat filled with white, sticky mucus, streaked with blood.

Throat sore, looks mottled, as if diphtheritic deposit were commencing.

Irritation of throat, with inclination to cough.

Recommended for the cure of obesity.

#### AMMONIUM CARBONICUM.

##### TYPE.

Especially applicable to fat, stout woman, who lead sedentary lives and have headaches and various troubles consequently.

Congestive headache, with pulsating, beating and pressing in forehead and vertex, as if it would burst at those points. Worse after eating;

while walking; in open air. Better from pressure; in warm room.

Chronic headaches.

Headache, with nausea, particularly early in morning in bed with pain in stomach; ill-humor after dinner, lasting the whole day.

##### LOCATION, DIRECTION AND CHARACTER.

In forehead and vertex, sometimes in occiput.

From without toward forehead and vertex.

Pulsating, beating, and pressive.

Hard beating in forehead as if it would burst.

Heaviness and beating in forehead.

Boring and lancinating pain in head at night.

Pain in head resembling hammering or hacking with a flat instrument.

##### AGGRAVATIONS.

After eating.

In the evening while walking in the open air.

Wet weather.

Worse during eating.

##### AMELIORATION.

From pressure.

In warm room.

##### CONCOMITANTS.

Anxiety; anguish; ill-humor; feverish; very forgetful and absent-minded; violent starting in sleep.

Rush of blood to the head; feeling of lightness in head.

Vertigo, mostly in morning; on moving head, sensation as if brain moving to and fro toward the side which he stoops; scalp, even the hair, sensitive to touch; sparks before the

eyes at night; double vision; buzzing in ears with dullness of hearing.

Nose bleeds; dry coryza, especially at night, without the slightest air passing through.

When stooping, sensation as if blood were accumulating there; great dryness of mouth and throat; continuous thirst; no appetite, or great hunger satiated by eating but little; empty eructation very frequent; nausea after eating; constipation with hæmorrhoids; burning at anus with great tenesmus; pale urine with sandy sediment; frequent urination; erections without sexual desire; menses premature, abundant, blackish, often in clots, preceded by griping and colic, or too late and scanty, often acrid; scanty menses always accompanied with frontal headache.

Flour albas, burning, acrid and watery; dry cough at night from tickling in larynx; dyspnoea, with palpitation of heart; hoarseness and roughness in throat; cough dry and worse at night, like from feather down in throat; symphatic and parotid glands indurated and swollen; great palpitation; great lassitude; pulse hard, frequent; great chilliness.

#### AMMONIUM MUR.

##### TYPE.

Suitable to fat, bloated, and lax individuals, who are indolent and sluggish. Rheumatic, tearing pains in head, temples and occiput; heaviness and pressure in forehead. Generally affects the left side. To be thought of in neuralgic headaches.

#### LOCATION, DIRECTION AND CHARACTER.

Fullness of head with giddiness; feels as if it was very heavy.

Rheumatic pains in head, so severe as to cause nausea, burning of the ears and deafness.

Heaviness of forehead, in the morning after rising and during the day, (with internal sensation of heat and some sweat).

Pressure in forehead, toward root of nose, with sensation as if brain was torn; aggravation after rising.

Painful tearing in right temple and down into the sides of the head.

Stitches in left temple and side of head, and when stooping, in the vertex with sensation as if head would split.

Contractive pain in occiput as though screwed in, extending to the sides of the head.

#### AGGRAVATION.

In the morning, after rising.

During the day.

When stooping.

#### CONCOMITANTS.

Irritability and bad humor, especially in the morning, with disinclination to speak.

Melancholy and anxious, as if laboring under some grief or sorrow.

Coryza with stoppage, great soreness and tenderness of the nose, and loss of smell.

Severe throbbing in the glands of the neck and tonsils, accompanied by sensation of want of air in the throat.

\*Hæmorrhoidal trouble with burning and stinging in the rectum.

\*Stool hard, crumbling, scanty.



Tearing rheumatic pains in extremities.

\*Chilliness on lying down and on waking.

Sleepless on account of heat in head.

**AMYL, NITRITE OF.**  
TYPE.

Congestive headache, with heat and throbbing of the head, accompanied with a feeling of intense fullness.

LOCATION, DIRECTION AND CHARACTER.

Beating and throbbing in the head and ears with constriction of the throat and heart.

Visible pulsating and throbbing in the temples.

Throbbing in the vertex.

Dull heavy aching all through the head.

A sense of fullness and distension of the head, amounting at last to severe pain and accompanied by intense flushing of the face, starting the perspiration on head, face and neck.

VERIFIED SYMPTOMS OF HEAD.

\*Sudden beating of the carotids, which extends to the head and temples, accompanied with intense flushing of the face, which precedes debilitating perspiration.

\*No pain in the head is felt until some time after the attack comes on and it is then of a dull aching character in the vertex, accompanied by unusual paleness of the face and coldness of the feet and hands.

AGGRAVATION.

Worse from motion.

Worse from being in warm room.

AMELIORATIONS.

In the open air, and from rest.

**AGNUS CASTUS.**  
TYPE.

It is probably best suited to headaches of persons with derangements of the womb, ovaries, testicles, or sexual organs in general; the headaches of those given to sexual excesses, or subject to seminal emissions; or of those of unmarried persons suffering from nervous debility.

LOCATION, DIRECTION AND CHARACTER.

It is homœopathic to tearing pains, especially above the right eye and temple, as if one had received a blow upon the eye, attended with soreness to touch, increased by motion, aggravated in the evening, and lasting for several days.

\*Headache, in the upper part of head, as from staying in a room filled with a thick and smoky atmosphere; looking to one point relieves it.

\*Contractive headache above the temples, when reading.

Tearing, with pressure, in the temples and forehead, in the brain; more violent during motion.

OTHER HEAD SYMPTOMS.

Tearing and chilliness in the scalp, which, however, is warm to the touch.

AGGRAVATION.

From motion: tearing pains, with pressure, above right eye and temple; also, in the temples and forehead.

In the evening: tearing pains with pressure, above right eye and temple.

## AMELIORATION.

From looking to one point, headache in upper part of head.

## CONCOMITANTS.

Premature old age, which arises in young persons from abuse of the sexual powers, marked by melancholy, apathy, mental distraction, self-contempt, general debility, frequent loss of spermatic fluid.

\*Complete loss of sexual desire, penis is small, flacid and cold.

Melancholy, hypochondriac mood.

\*Thinks he is certainly going to die, and there is no use doing anything.

Chilliness of the whole body, without thirst; the hands are the only part cold to the touch.

Disagreement of food, with sense of repletion or feeling of nausea in the pit of the stomach.

## ANACARDIUM.

## TYPE.

Suitable in headache of a gastric or nervous origin.

\*Constrictive headache in forehead, with very irritable mood; pain increases hourly; momentarily relieved by hard pressure, finally whole head affected.

\*Throbbing headache.

Tearing, pressing headache in forehead, temples, and occiput, from exertion of the mind.

Tearing headache during hard labor.

\*Dull pressure, as from plug on left side of vertex.

## OTHER HEAD SYMPTOMS.

Pressive pain on top of head when coughing or taking a deep inspiration.

\*Vertigo when stooping, with sensation of turning around in a circle.

Vertigo as if surrounding or self was tottering.

Stitches over right eye.

Stitches in left side of head.

Violent itching of scalp.

## LOCATION, DIRECTION AND CHARACTER.

From without inward, and from forehead spreading over whole head.

Tearing, throbbing in vertex.

Tearing pain in occiput.

Constrictive pain in forehead.

## AMELIORATION.

Toward evening, in bed, in every pain in head.

Momentary relief from hard pressure.

During dinner.

## AGGRAVATION.

Worse during motion and after eating.

On washing in morning.

Bending head backward, pain in occiput aggravated.

Breathing deeply aggravated pain in vertex, also coughing.

Hard labor.

## CONCOMITANTS.

Great weakness of memory; cannot remember anything; forgets everything immediately.

\*A slight offense causes excessive anger; breaking out in personal violence.

Feels as though he had two wills, one commanding to do what the other forbids.

Anxiety and feeling of impending misfortunes.

Extremely irritable.

Many little boils on hairy scalp very sensitive to touch, and about the size of a flaxseed.

Dull pressure as of a plug on upper border of right orbit.

Halo around light.

*Humming in ears.*

Loss of smell. Dry coryza. Pale-ness of face.

Bleeding of gums upon slight rubbing.

Small blisters on chin discharging liquid when broken.

Tongue is white and rough.

Flat, offensive taste in mouth and of food.

Constant thirst, yet drinking takes breath away, must stop frequently during a draught.

Nausea with retching soon after drinking cold water, with vomiting of

the water accompanied by pain as if œsophagus were distended by a large ball.

Roughness of throat.

Symptoms disappear after dinner, appear anew after two hours.

Weak digestion with fullness and distension of abdomen.

Inactivity of rectum, even soft stool is expelled with difficulty.

Constant desire to urinate.

Leucorrhœa with soreness, also causing itching.

Pulse generally accelerated.

Stiffness of nape of neck.

Tired feeling in all limbs.

Restlessness of body, cannot keep still; on this account sleeplessness.

Internal chilliness even in a warm room.

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## MENTAL DISORDERS.

A. C. RICKEY, M.D., DAYTON, OHIO.

The brain is the organ of the mind. Soundness of mind depends on a healthy action of the brain and nervous system. Morbid mental and moral states depend upon, and result from, pathological conditions of the brain. Among which may be mentioned, undue stimulation of a part or the whole of brain tissue, cerebral irritation, congestion, inflammation, anæmia, and debility of the brain; the action of agents which paralyze, obstruct, and depress cerebral action;

irritation reflected from the gastric viscera, the heart, the generative organs, etc.; torpor of the liver, indigestion, general debility, sluggish circulation of impure blood; narcotic poisons which depress the nervous energies.

There are really but three leading pathological conditions, and these stand in causative relation to all that host of morbid manifestations which our repertory-makers have incorporated into their books, which serve



only to confuse, bewilder and vex the busy practitioners who turn thither for light on some case of mental derangement.

We have:—

*First*—Cerebral irritation, causing mental irritability.

*Second*—Cerebral exaltation, causing mental excitement, etc.

*Third*—Cerebral depression, causing mental depression.

#### I. CEREBRAL IRRITATION.

Produce an irritable state of the brain and nervous system, and this may be done by a foul stomach, a torpid liver, costive bowels, an irritable uterus, onanism, sexual excesses, loss of sleep, over-taxation and excessive study, unhappy states of the mind, the effects of mental worry, anger, etc.; impure blood, general debility, etc., and we have in consequence, quarrelsomeness, irritability, vehemence, changeableness, desire to be alone, disinclination to talk or be talked to; children are cross, fretful, can't be satisfied, don't want to be touched, etc., etc. Now it is plain to be seen that all these morbid states are one in kind and in the manner of their production, resulting from an irritable state of the brain and nervous system.

#### II. CEREBRAL EXALTATION.

Carry any of the causes of irritation too far, or induce circumscribed or general inflammation of the cerebral tissues, and we have mental exaltation and its manifestations: Excitement, delirium, nausea, insanity, disposition to jump, start, look frightened

and wild, visions, illusions, fancies, loquacity, very talkative, rage, etc.

#### III. CEREBRAL DEPRESSION.

Lower the tonicity of the brain and nervous system, and this is done by general debility, by narcotic poisons which profoundly depress the vital energies, by depressing emotions, as envy, jealousy, unhappy love, grief, misfortune, etc., excessive mental application, venous congestion, with sluggish circulation through the brain of impure vitiated blood, and we have mental depression. Then the stages of irritation and exaltation may pass into that of depression. All the causes of the former may lead to the latter condition, which once established, we have, loss of memory, mental confusion, doubts, suspicion, anxiety, sadness, melancholy, despair, despair of salvation, indifference to things in general or some particular things, dread of life, longing for death, indisposition to talk or act, etc.

This list of morbid manifestations of the mind might be extended greatly, and *is* by our repertory-makers. Nothing, however, can be gained by this. These three general divisions embrace almost if not quite everything contained in our books, and we gain immensely by a condensed classification of conditions and remedies.

Careful observation will reveal the fact that the remedies we have found successful in treating such disorders, induce just those disorders of the brain and nervous system, which

stand in causative relation to the particular disorder treated.

To illustrate :

Belladonna, in small doses, stimulates the vasi-motor centres, causing a short period of spasm, as it were, of the arterioles. This soon gives way to exhaustion or paralysis of the vasi-motor nerves, which leads to congestion and inflammation of the corticle substance of the cerebrum, and thus gives rise to wild excitement, delirium, mania, visions, etc. Larger doses produce a more profound impression, the paralysis of the arterial capillaries occurs sooner.

Opium acts on the venous capillaries, causing a profound congestion of the cortical substance of the cerebrum. Its effects, like that of many other drugs, varies greatly according to the dose, frequency of its repetition, and the idiosyncracies of the patient.

I once gave a small dose to a lady for the relief of pain. In ten minutes she passed into a stage of wild excitement, not knowing her husband, would strike at him and others, cried out eagerly for her absent mother. In an hour this condition passed into that more commonly induced by Opium, stupor and benumbed sensibilities.

Phosphoric acid, China, Ignatia, etc., depress the nervous energies, lower the tonicity of the brain and nerve fibre, and induce mental depression, indifference, aversion to society, or conversation, or exertion, etc.

Bryonia, Chamomilla, Nux vomica, etc., produce an irritable condition of the gastric nerves, which irritation is reflected to the brain, causing mental irritableness, fretfulness, etc.

By referring to our provings it will be seen also, that while each drug has a specific effect or action on certain tissues, it also exerts widely differing and opposing symptoms, according to the dose, the susceptibilities and peculiarities of the patient.

Thus it will be seen that Belladonna has caused the widest range of opposing symptoms. Reference to any of our repertories will show that this drug is mentioned as a remedy for a majority of the morbid manifestations of the mind.

Any agent which stimulates the brain in part, or as a whole, will bring out the natural disposition and peculiarities of the individual. It will cause one man to pray, another to curse and fight, another to reason or imagine or see visions, or display pride, etc., etc., according as one part of the brain or another may be excited or influenced, and according to the peculiarities of temperament and tendencies.

To the writer the foregoing furnishes a satisfactory explanation of the manner in which many of our drugs develop mental symptoms. When we take into consideration the close intimacy which exists between physical and mental states, it is easy to see how drugs cause and may be used to cure mental disorders. We

prescribe for a "longing to die," and "dread of life," Aconite, Arsenicum, Aurum, Belladonna, or Phosphorus. Why? Because where such mental states exist there is usually a profound depression of the vital forces, and similar to that condition produced by poisonous doses of these drugs.

I have great confidence in the homœopathic treatment of those who are insane, and those who are in the border lands of insanity. So far as my experience has extended I am lead to believe that the great majority of those who now fill our asylums might have been cured, had the physicians who had charge of their cases in their early stages, understood and applied suitable treatment. It is the duty of every practitioner to know something of the management of such cases, or else turn them over into the hands of those who do, since the cure of such ailments depends on their receiving early and appropriate treatment.

I desire to append to this paper a condensed classification of those remedies in which clinical experience and careful provings have lead us to have confidence.

We gain rather than lose by systematizing, classifying, and condensing and avoiding needless repetitions.

We also gain by studying out the pathology of drug action, the *modus operandi* of their action on the mind.

In most cases this is plain enough, and combined with *symptomatology* such knowledge greatly aids us in skillfully

treating such diseases. In offering this to the profession, I by no means claim that it is complete or perfect, but only an effort to simplify and clear up what is to most of us an obscure field of therapeutics.

*Mental Irritability*—1. Bryonia, Chamomilla, Nux vomica. 2. Colocynth, Graphites, Hepar sulph., Kali carbonicum, Lycopodium, Natrum carb. and muriaticum.

*Mental Exaltation*—1. Aconite, Belladonna, Baptisia, Bryonia, Chamomilla, Cimicifuga, Gelsemium, Hyoscyamus, Rhus toxicodendron, Stramonium. 2. Ignatia, Natrum carb. and muriaticum, Phosphorus, Phosphoric acid, Zincum valer., Ergot tincture, Bromides, Soda et potassa.

*Mental Depression*—1. Arum, Calc. carb., China, Cimicifuga, Conium, Gelsemium, Digitalis, Ignatia, Lachesis, Lycopodium, Natrum muriaticum and carb., Nux vomica, Opium, Phosphorus, Phosphoric acid, Pulsatilla, Sepia, Sulphur. 2. Aconite, Anacardium, Arnica, Arsenicum, Bromium, Camphor and Kali carb., and Zinci, Conium, Hepar sulph., Nitric acid, Phos. of Zinc, Picric acid, Platinum, Podophyllum, Staphysagria, Veratrum viride.

*Cheerfulness*—Crocus, Lachesis, Oxalic acid, Sabina.

*Sadness*—1. Arum tryph., Calc., China, Cimicifuga, Gelsemium, Hepar sulph., Lycopodium, Natrum mur., Platina, Pulsatilla, Sepia. 2. Arnica, Nitric acid, Phosphorus, Podophyllum, Sulphur.

*Hypochondria*—Belladonna, Calcarea, Natrum carb., Nux vom., Pulsatilla.

*Changeable*—Antimonum crud., Gelsemium, Lachesis, Ignatia.

*Anxiety*—Arnica, Calcarea, Digitalis, Lycopodium, Natrum carb., Nitric acid.

*Indifference*—China, Ignatia, Lycopodium, Mercurius, Phos. acid, Sepia.

*Loss of Memory*—Mercurius, Natrum mur., Nux vom.



*Mind Confused*—Baptisia, Belladonna, Cimicifuga, Gelsemium, Lachesis, Pulsatilla, Rhus tox., Staphysagria.

*Stupor*—Baptisia, Belladonna, Hyoscyamus, Opium, Phos. acid, Rhus tox., Stramonium,

*Irritability of the Senses*—Aconite, Belladonna, Chamomilla, Cimicifuga, Gelsemium, Stramonium. 2. Baptisia, Ignatia, Nux vom., Natrum carb.

*Delirium*—Aconite, Baptisia, Belladonna, Bryonia, Hyoscyamus, Phos acid, Rhus tox., Stramonium.

*Mania*—Aconite, Belladonna, Calc. carb., Cimicifuga, Hyoscyamus, Lachesis, Nux vom., Opium, Platinum, Stramonium, Veratrum veride.

*Mania, mild*—Belladonna, Pulsatilla, Sepia.

*Mania, quarrelsome*—Bry., Cham., Col-

ocynth, Graphites, Hepar sulph., Lycopodium, Natrum mur., and carb., Nux vom.

*Desire to be alone*—China, Lachesis, Mang. mur., Natrum carb., Nux vom., Rhus tox.

*Dreads to be alone*—Arsenicum, Kali carb., Lachesis, Lycopodium, Stramonium.

*Talkative*—Cicuta, Hyoscyamus, Lachesis, Stramonium.

*Refuses to talk*—Belladonna, Colocynth, Digitalis, Ignatia, Nitric acid, Phosphoric acid, Pulsatilla, Veratrum album.

*Disinclined to any exertion*—Calcarea, China, Conium, Nitric acid, Nux vom., Phosphorus,

*Death, wants*—Arum, Belladonna, Phos.,

*Death, predicts*—Aconite, Arsenicum, Nux vom., Podophyllum, Rhus tox.

*Death, threatens*—Arsenicum, Aurum, Hepar, Nux vom., Pulsatilla, Rhus tox,

## NEW PUBLICATIONS.

CLERGYMAN'S SORE THROAT, or Follicular Disease of the Pharynx; its Local, Constitutional and Elocutionary Treatment, with a Special Chapter on Hygiene of the Voice. By E. B. SHULDHAM, M.D., London, England.

This beautiful monograph by our trans-Atlantic friend, Dr. Shuldham, is well worthy perusal, and we predict for it a deserving popularity on this side of the Atlantic. It is beautifully written and beautifully printed, and treats of a subject of great importance. In the preface he says: "In putting forth these few chapters on a very common affection I wish to point out the variations of follicular disease of the throat, to show its most frequent

causes, and suggest its most rational treatment." In the introduction he remarks: "To begin with, the term "Clergyman's Sore Throat," is an opprobrium to the clergy, for why should they alone be labelled with this affection, and not members of parliament, military men, barristers, actors, lecturers, public salesmen and itinerant hawkers." He shows that all these classes are subject to this form of sore throat, but admits that clergymen are perhaps more subject to it, because they do not have daily regular exercise of the voice, resting it six days, and using it excessively on the seventh. In chapter I. he gives the essential characteristics of this

disease, the causes, etc. Also the *treatment*, which is divided into (1.) Local, (2.) Constitutional, (3.) Elocutionary.

For *local* treatment he advises inhalations of various indicated sprays—plain salt and water, Glycerine and water, Hepar sulph., Sulphur, Kali bich., Phytolacca, Iodine, and Iodide of Mercury, with the use of plain lozenges, compound Glycerine-jujube, and pieces of ice. He quotes approvingly Dr. Blake's method of touching the pharyngeal mucous membrane with carbolized glycerine, first removing the tough mucons.

(To these applications I hope the author will pardon me for adding what I have found very efficacious, namely, sprays of Aqua Cubebæ, Tinct. Grindelia with Glycerine and water, dilute Nitric acid and Borax water).

Dr. S. disapproves of Nitrate of Silver as a local application, but he should qualify his disapproval, for there are some cases when Arg. nit. is locally homœopathic, and is very successful when used in very dilute solutions and given internally.

His *constitutional* treatment consists of the administration of the same medicines above mentioned, with the addition of Æsculus, Sanguinaria, Lachesis and Cod liver oil.

(I am surprised that he omits Sanguinaria from the local applications, for a spray of a very dilute solution of the *Nitrate of Sanguinaria* is one of the most useful applications we can make, in the severe form of the disease. One or two grains of the salt

to four ounces of water, applied with a steam atomizer, a few minutes twice a day will cure the worst cases. Even membranous croup often succumbs to its power.

The omission of Cubebs leaves out one of the most efficacious of all local and constitutional remedies. Cubebs. stands intermediate between Kali bich. and Sanguinaria. It has tough, gluey, stringy mucus; dryness and harshness of the throat, etc., forming a good picture of chronic pharyngitis. But the disease is more *catarrhal* than folliculated. We possess no pathogenesis, not even Honett's doubtful one, which gives anything approaching a picture of its effects. I at first used it empirically on the recommendation of Italian opera singers, who firmly believe in its good effects in dry throats, or when the throat is obstructed with scanty, tough mucus. It is the habit of many of the best operatic artists to chew the berries just before going on the stage, and their experience is certainly worth something. Cubebs is a constituent of the best "cough-lozenges," and finally, my use of this medicine for several years leads me to place great value on its curative powers. In some cases where Cubebs fails, good results will follow the use of Hydrastis, or that elegant preparation, the Muriate of Hydrastis).

Dr. Shulldham places great stress upon *elocutionary treatment*. It consists of, 1. In the proper management of the breath. 2. In the proper education of the voice pitch. 3. In

the avoidance of too continuous strain of voice. 4. In the regular and daily practice of the voice. This chapter is really the most valuable in the book and makes it one which should be in the hands of every person who uses the voice to any extent. He says that Oxford and Cambridge have no professors of elocution, but one has been established in King's college, London.

Chapter III. consists of a dissertation on the "Art of Breathing," which contains a vast amount of practical and useful information, and shows that the author has gone deeper into his subject than any other writer with which we are conversant.

Chapter IV., on the Hygiene of the Voice, is equally interesting and instructive. He says the "Cockney" dialect is caused by a "forced power, generated falsely, and induced by efforts to speak amid the din of the traffic of the streets of London." He advises, with one Caltin, to "breathe through the nose"; cautions against the use of alcohol. He refers to Dr. Mandl's *Hygiène de la voix*, and quotes many curious habits of great singers and actors. Lablatt, the great Swedish tenor, was in the habit of eating a couple of salted cucumbers before appearing on the stage; Watchtel took an egg beaten with sugar; Walter drinks *café noirs*; Sontag takes sardines between the acts; Nilsson takes a glass of beer; Patti a bottle of Seltzer water. Others have a penchant for pears, strawberries, plums, etc.

(To these examples I may be permitted to add from my own experience, as I have treated most of the great opera singers that have been in this country. Madame Lucca always took with her a mixture of strong black tea and Claret, equal parts, of which she drank between the acts. She assured me that nothing else gave her throat such "comfort." Clara Louisa Kellogg so careful and temperate in all things, since threatened with *en bonpoint*, was once passionately fond of fried turkey's livers, and potatoes stewed in cream. She now avoids the livers, as well as all pastry and confectionary, and takes only Claret wine, which she considers the best wine for the voice. She has learned that certain homœopathic remedies will quickly dissipate a threatened hoarseness and soreness of the throat. Among the most valued are Copaiva 2x., Phos. 2x., and Merc. 2x., first prescribed for her by her New York physician, Dr. Gray. Gottschalk once consulted me for a singular "weakness of the voice." He seemed to have lost the power of sustaining the higher notes, and that was all that could be ascertained by inspection or symptoms. It occurred to me that Dr. ———, of Paris, had recently announced that Coca was a "great toner of the vocal cords." I prescribed the tincture in 15-drop doses, and the result was everything the vocalist desired. It seems to possess a power over the nervous supply of the chordæ vocales of a valuable and unique character).



Dr. Shulldham recommends Arnica when there is "muscular fatigue of the voice." He says "nuts are ruin to the voice." He advocates the "turn down collar," and the wearing of any light neckties; asserts that ladies lose their voice from wearing boas. The use of tobacco is deprecated. It dries the mouth, pharynx, and tongue; increases the flow of saliva primarily, and decreases it secondarily. If it must be used, smoke delicate, mild tobacco, Turkish or Latekia, in pipes with very long stems. Tobacco cannot, however, be as bad as its opponents would make us believe, for nearly all great singers and speakers use it, not only before their efforts, but between the acts. Even female opera singers smoke cigarettes. I have not been able to learn from the artists I have treated that its use has even given them much inconvenience. Its action on the general nervous system as a depressent, has always seemed to me more injudicious than its local effects. "Mario was an incessant smoker, and retained his voice pure and sweet for years. Melibran smoked cigarettes actually just before going on the

operatic stage and delighted an expectant audience." I have sometimes recommended smoking operatic artists to dip the end of the cigar in a liquid extract of pure licorice, occasionally, when smoking. It has the effect of lessening the irritating effect of the smoke on the mouth and throat.

With the hope that the author will pardon this gossipy review of his book, I close by commending it to all American homœopathic physicians.

E. M. H.

ALLEN'S ENCYCLOPÆDIA. Plumbum to Serpentina, Vol. VIII. By T. F. ALLEN, M.D. New York: Boericke & Tafel.

We have just received this volume, and note with pleasure its appearance. The work begins to look more towards completion. Were it to stop at this stage however, quite a number of old friends would be left out; fortunately we shall be able to read "finis" before many months and then no more valuable work can have a place in the physician's library. With Hering's Condensed Materia Medica and Allen's Encyclopædia success is within the reach of the intelligent and studious physician.

## MEDICAL MEMORANDA.

### ITEMS OF INTEREST.

It will be noticed that the paper entitled, A New Indictment Against the Liver, written by Dr. Tooker, has already appeared in another journal. It would therefore seem as if we had willfully *reprinted* the article. We however had the original MSS., and but for the absence of the publishers from the office and a *kindly* galley-proof furnished by the type-

setter, the article would have been given only through the HOMŒOPATHIST. We have taken measures against future surprises on this score. We do not propose to give stale reading to the profession.

During the past few weeks there has been an epidemic amongst the Chicago horses. The first symptoms of the attack was loss of appetite, then would follow dullness, enlarged

glands of the throat, with high fever. The temperature when first noticed, with our own horse, was 103°. Under the Iodide of Mercury it went during twenty-four hours to 105°; under Belladonna 200 it went in six hours to 101°. The following day horse was ready for duty. Was only two days "off." Speaking of temperature reminds us of a new clinical thermometer which is far superior to anything of the kind ever invented, from the fact that it will not lose its register. Usually these instruments are made with a short column of mercury as an index, which if jared down a little too much will lose its self-registering properties. In this one, however, the column of mercury is continuous from the bottom and yet self-registering. Messrs. Sharp & Smith, of 100 Randolph street, Chicago, import these goods from London.

*To the Editor.*

Having received a number of letters, especially from the Middle and Eastern states, enquiring whether the promises made in the current announcement of the Hahnemann medical college and hospital of Chicago, as to the clinical lectures and advantages offered will be fulfilled, I beg to state that, in the future as in the past, *they will be literally adhered to.* Very respectfully,

T. S. Hoynes, M.D.,

Chicago, Aug. 31, 1878.

Registrar.

*To the Editor.*

A report comes to me so directly; and from so authentic a source as to render it unquestionable, of a prominent physician of this city, one in whom thousands confide and trust, so far degrading himself and casting reproach upon his profession as to vulgarly and indecently comment upon the person and physical condition of a highly respectable lady, who had consulted him and subjected to his examination and treatment. Even her name was freely mentioned in connection with these remarks, and all this without reason or excuse, and to the disgust of the gentleman to whom he addressed himself. Such a contemptible and inexcusable violation of professional honor and moral obligation must cause the blood of every true man in the profession to boil with indignation and the blush of shame to suffuse his face, that one claiming to be a respectable physician could so disgrace the profession. A physician invites, and necessarily receives, the fullest confidence of his patrons, and a base violation of such confidence deserves to be treated as a criminal offense.

Such occurrences should, it seems to me, stimulate us to an effort to purge our ranks, or at least, to exclude in future men of a low

character—those capable of such meanness, by a more careful consideration of moral character, when admitting to and graduating from our medical colleges. While "good moral character" is one of the *professed* requisites to admission or graduation, it is nevertheless an undeniable fact, that men are received and sent out every year, who manifest a familiarity with and taste for depraved, immoral thoughts and acts; while *vulgarity* is not only indulged in privately, but is oftentimes winked at and encouraged, or even participated in by professors. This condition of things is not limited to any one college nor to one school of medicine, but exists in a greater or less degree in nearly if not quite all our medical colleges. A change in this respect should be demanded, and *moral character* be made a *real* as well as a *professed* qualification. And moreover, the importance of professional honor and integrity should be more thoroughly initiated into the minds of medical students. Vulgarity and loose morals render a man thoroughly unfit for the medical profession, and ought always to be sufficient reason for excluding him therefrom. At the very best we cannot expect to make the highest standard of morality universal, but we might do much to purify and elevate the profession; and while such cases as the one reported are occurring we must certainly feel that there is a demand for our efforts in that direction.

Boston, July 14, 1878.

L. A. P.

### PERSONALS.

Dr. J. M. Lackey has located at Maywood, Ill.

Dr. John Walter has located at Woodland, Wis.

Dr. O. N. Hoyt has located at 325 South Park ave., Chicago.

Dr. Geo. J. Pierce has removed from Wentworth, N.H., to Portland, Me.

Dr. Emlen Lewis has removed from Oskaloosa, Iowa, to Wichita, Kan.

Dr. D. F. Hallett has located Red Oak, Iowa, and entered into partnership with Dr. S. R. Kridler.

Dr. E. M. Kirk has removed from New York City, to No. 271 West Seventh street, Cincinnati, O.

Dr. E. M. Hale was elected a corresponding member of the Massachusetts Surgical and Gynecological Society, at its last session in Boston, June 5th. He presented at that meeting an elaborate paper on Uterine Areolar Hypoplasia, which was very favorably received.

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## SEPTEMBER, 1878.

## PUBLISHERS' PARAGRAPHS.

We want several copies of the November and December numbers, Vol. i., for which we will pay 25 cents, or will send a binding case for Vol. i. or ii., postpaid.

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AND SANITARY SCIENCE.

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THE CHARACTERISTICS OF LEDUM.

TEMPLE S. HOYNE, A.M., M.D.,

[Professor of Materia Medica and Therapeutics, and Clinical Lecturer on Venereal and Skin Diseases in the Hahnemann Medical College of Chicago.]

Ledum palustre.—Porst.

Antidote.—Camphor.

Duration of Action.—Several weeks.

Mental Symptoms.—Morose, fretful, discontented.

Ledum will be found of benefit in some forms of headache, characterized by beating, tearing pains, with red, bloated-looking face and eyes, and confusion of mind, particularly if the least covering of the head is intolerable. Syphilitic and Mercurial headaches.

Rheumatic, scrofulous and arthritic ophthalmia can be cured with this remedy, when there are aching and tearing pains and lacrymation, the

tears being acrid, especially in persons who take cold easily in the integuments of the head, and are afflicted by damp weather.

Deafness.—Its employment has been suggested for noises in the ear, particularly in rheumatic persons Roaring in the ears, as if from wind ringing and whizzing in the ears hardness of hearing, as if the ears were obstructed by cotton; confusion and giddiness of the head, on the side affected; sensation of torpor of the integuments, especially after suppressed discharge from the ear, nose or eyes.

Erysipelas of the face, occasioned

by the bites of insects suggests *Ledum*.

#### CASE I.

A colored woman presented herself for erysipelas of the eye and face. I decided it to be a spider bite. *Ledum* cured her in two days. Dr. F. M. Boynton.

Laryngitis.—Dr. Gilchrist gives the following indications: Glandular swellings under the chin; sore throat, with fine, stinging pain, worse when not swallowing; sensation as if from a lump in the throat; when swallowing, the pain is stinging; tingling in the trachea. Worse in the evening, and at night; also from warmth, from motion, and the heat of the bed. Better from cold, and when swallowing.

Whooping Cough.—*Ledum* has been used in a domestic way in some parts of Germany. Dr. Lembke cured thirty cases with an infusion of *Ledum*, giving teaspoonful doses. Before the paroxysm—arrest of breathing; during—epistaxis, shattered feeling in the head and chest, rapid respiration; after—staggering, spasmodic contractions of the diaphragm, sobbing respirations. Aggravation in the evening. Dr. Schussler says: "Whooping cough yields best to *Ledum* given every day for eight days. Only sometimes *Cuprum* is required afterward."

Pulmonary Tuberculosis.—*Ledum* is beneficial when the soreness is located under the sternum and the cough is accompanied by beating, tearing pains in the head, and followed by a bloody or greenish fetid expectoration.

Hæmoptysis.—Dr. Raue recommends this drug for hæmorrhage of the lungs when there is stagnation in the liver and portal veins; congestion toward the head and chest; hardness of hearing; tickling in the larynx; spitting of bright-red blood.

#### CASE II.

Hæmoptoe, alternating with rheumatism.—A young man was attacked with a violent stitch-pain in right hip. The pain gradually grew continuous, and was especially at night in bed so violent that he had to leave the bed and lay upon the floor; sometimes it was relieved by washing the whole leg with cold water. After a while the joints of the knees, then of the feet, and at last those of the hands commenced swelling. Some months later, when this inflammation had all subsided, he was suddenly attacked by a violent cough and spitting of blood. The spitting of blood was subdued, but the cough continued for several weeks, until again a violent attack of hæmorrhage set in with profuse expectoration of thick, greenish, foul, and fetid masses. Examination revealed a cavern in the left subclavicular region. *Aconite* 2, a teaspoonful every hour. Great improvement. Four days later: the cough still continues, the expectoration is difficult and consists of thick, tough mucus. *Tart. em.* 3, every four hours. In about eight to ten days the patient seemed well, but all at once, without any apparent cause, he was attacked again with inflammatory rheumatism of the hands. *Bryonia* 1, every two

hours, relieved within four days; but ten days after another sudden attack of cough and hæmoptysis set in, and an examination of the chest revealed another vomica. Aconite and Tart. em., administered as before, did no good. The patient sank rapidly, with all signs of a galloping phthisis. In this critical moment I thought of a case which Rau had reported in his "*Homœopathischen Heilverfahren*," of a young man with coxalgia alternating with hæmoptysis, whom he had cured with *Ledum*. I at once gave to my patient *Ledum* 30, four globules upon the tongue. The change was wonderful, and improvement continued for four days, when it ceased. *Ledum* 30, another dose, was not followed by improvement in the next four or five days. *Ledum* 200, one dose, again set nature to work, and in four weeks the patient was completely restored without another dose of medicine. Dr. Stens, Sr.

Displacements of the Uterus.—Guernsey suggests *Ledum* for "abundant leucorrhœa; pale face; abundant urination, even at night. *Ledum* is especially indicated where the sufferings are greatly aggravated by warmth, as in bed or over the register. Great sensation of coldness all through her; she cannot keep warm; she appears deficient in vital heat."

Dysmenorrhœa, also, for similar symptoms; and menorrhagia, likewise when the menses are too early and too profuse.

Fibrous Tumors.—The following cases illustrate its action.

#### CASE III.

Madame Carteloup, fifty-eight years of age, has a fibrous tumor occupying the anterior face of the uterus. The chief symptom of this lesion is an habitual metrorrhagia, which has already continued for several years and resisted a great variety of treatment. August 27th, I prescribed *Ledum* 12, three spoonfuls a day for four days. The flow began to diminish after the first dose. The same remedy was continued at the same dose, for two months, with intervals of repose of four days, and the flow, reduced to a trifling discharge, was entirely suppressed. The fibrous tumor, however, still continued several years after the hæmorrhage was cured. Dr. Jousset.

#### CASE IV.

Madame Borel, thirty-three years of age; changed at fourteen; married at fifteen; had two children before she was twenty, and an abortion at twenty-five. The present disease appeared as consequent to this abortion. Present condition: menses profuse, constant sanguineous flow between the periods; pain in the kidneys and in the left iliac fossa. Enormous fibrous tumor occupying the anterior wall of the uterus, and perceptible through the abdominal wall. *Ledum* 12, at first, very much diminished the flow; but the menses having returned profusely and prematurely, with violent pains, I substituted *Calc.* 30, for the *Ledum*, which produced a happy effect. After this improvement, which continued two or three weeks, the



usual hæmorrhage returned, in spite of the Calc. Ledum 12 and 30, continued for several months, with intervals of repose, finally checked the flow, and reduced the menses to their physiological measure. This partial cure held good for some months; but it was necessary to recur, from time to time, to the Ledum. This patient is subject to rheumatismal pains. Dr. Jousset.

Rheumatism and Gout.—Ledum affects the joints, muscles, tendons and periosteum. The pains (jerking, shooting, tearing), commence from below and run upward, they are worse in the evening and in the warmth of the bed, also from motion; arthritic nodosities with violent pain; drawings in all the long bones, during motion; bed coverings are insupportable. Chronic rheumatic gout.

Mechanical injuries of the hip are best cured by Ledum, which seems to have a decided affinity for this joint. May be used externally and internally. Also indicated in rheumatic paralysis of the hip joint.

Sprains.—Dr. Bayes uses it in the form of a lotion for sprains of the ankles or feet.

Sciatica.—Ledum is useful for tearing pain about the hip, commencing below and going upward, aggravated by motion and warmth, and most violent in the night. The affected limb is cooler than the remainder of the body; appears deficient in vital heat.

#### CASE V.

One patient was decidedly improved, her symptoms closely resem-

bling those of atopy. The feet were clammy and heavy, yet excessively tender. She was unable to stand with her eyes shut, and her walk was staggering. She simply bathed her feet and limbs in water in which was mixed twelve or fifteen drops of the tincture of this remedy. This was done twice a day. I know of no remedy to compare with Ledum for extreme tenderness of the soles of the feet. This tenderness seems to depend on an hyperæsthetic condition of the terminal fibers of the veins of the lower extremities, apart from any inflammatory or other altered condition of the feet. The pain commences below and passes upward. Dr. Kershaw.

Itching of the top of the feet and ankles at night, suggests this remedy.

#### CASE VI.

Itching of feet on dorsal surface, especially nights. Ledum tinct., two doses cured. Dr. Drysdale.

Punctured wounds are well treated with Ledum, if the parts are cold to the touch and to the patient.

Intermittent fever.—It has been successfully employed for violent chilliness and long-lasting coldness, with violent thirst. There seems to be a deficiency of vital heat.

Skin diseases. — Ledum will be found serviceable in the following affections:

1. Eczema of rheumatic persons or drunkards. Gnawing itching of the skin; aggravation from heat and motion, and at night.

2. Prairie itch. "Itching eruption

scattered thickly over the scalp; flush on face and forehead; *peculiarly indicated when there is enlargement of the cervical glands*; burning and smarting in lower extremities; bone pains."

Dr. Thos. Rowsey.

Dr. Geo. W. Richards reports four cases of eczema (*N. A. J. of H.*, vol. v., p. 59,) cured with Rhus 6 and Ledum 6.

3. Tubercles, pimples, or boils on the forehead of drunkards.

4. Whitlows from external hurts, as splinters, etc.

5. Prickly heat or lichen tropicus of new-comers in the tropics.

#### CASE VII.

After ten drops tincture in four ounces of water, used as a wash, he could sleep, but only two or three hours; then awoke with the usual prickling also, a quite extraordinary dryness of the mouth, a clogging sensation in throat, more or less heavy breathing. Ledum 6, half of a drop every four hours, gave him total relief. Dr. L. Salzer.

#### CASE VIII.

A lady menstruated every eighteen days, with rheumatic diathesis; after the Ledum given for this, even her prickly heat entirely ceased to vex her. Dr. L. Salzer.

## TWO CASES OF GRANULAR OPHTHALMIA.

MOSES T. RUNNELS, M.D., INDIANAPOLIS, IND.

[Read Before the Indiana Institute of Homoeopathy, May, 1878.]

#### CASE I.

On Feb. 14, 1877, Mr. R., aged fifty-four, a banker, of Red Oak, Iowa, came to me for treatment. He had been afflicted with "sore eyes" more or less for ten years. A recent severe attack had closed his eyes up to such an extent that daylight was intolerable. For three weeks previous to his visit to me he was unable to see anything, and in this condition he was led by his daughter from his distant home. His eyes had never been treated heroically.

On examination I found that I had to deal with a very bad case of

chronic granular conjunctivitis. The papillæ of the conjunctiva were very much congested and enlarged, and the epithelium covering them was thickened. The neoplastic growths, which are characteristic of granular conjunctivitis, were very abundant on the superior tarso-orbital fold, and extended to the orbital conjunctiva. The granular bodies could be distinctly noticed scattered among the enlarged villi of the palpebral and orbital portions of the conjunctiva. Indeed, some of the granulations had attained the size and transparency of boiled tapioca grains, constituting the

"frog spawn" granulations of some pathologists. The lids were pulpy and the conjunctiva was red and swollen. The discharge was of a muco-purulent character. There was severe throbbing pain in and around the eyes. Both corneæ were covered by diseased pannus, and numerous blood vessels run over from the conjunctiva to these opacities. The general health of the patient was in other respects good.

**Treatment.**—The patient was placed in the most favorable sanitary condition. A collyrium of Nitrate of Silver, 10 grains to 1 ounce, was employed every forty-eight hours for one week, wherever the granulations were the most prominent; the application of the Nitrate of Silver was made with a camel's-hair brush and directly salt water was used for neutralizing purposes. I gave him *Arg. nit.* 3x, every three hours, and ordered an ice-bag to be kept on his eyes. In one week the inflammatory action was greatly diminished, and the granulations were rapidly disappearing. I then used a collyrium of Nitrate of Silver, (5 grains to 1 ounce), once in forty-eight hours, neutralizing it with salt water, and continued *Arg. nit.* 3x, internally. The condition of the eyes improved rapidly, and after one week the collyrium was not used stronger than 2 grains to 1 ounce. He was allowed to take a good deal of outdoor exercise, the eyes being protected against wind, dust, and bright light by blue glasses. He remained under my care one month, and at the expiration of that time could count fingers

with both eyes at ten feet distance.

He was then permitted to go home, with the promise to return in ten days. I gave him *Arg. nit.* 30, to take twice per day, and have not seen him since that time. I have heard from him frequently, and on March 6, 1878, he informed me that the eyes were not inflamed and that the lids seemed soft and pliable, except slight irritation on first awaking. Vision in the left eye is  $\frac{5}{100}$ , and in right eye,  $\frac{10}{100}$ .

#### CASE II.

A bright, healthy little boy, three years old, was allowed by the preceding case, contrary to orders, to sit on his lap, and in doing so got his hands on the diseased eyes. In a few days I had a well marked case of acute granular conjunctivitis. The caruncula lachrymalis in each eye were swollen and looked like a lump of red flesh. The conjunctiva, both ocular and palpebral, was congested, swollen and infiltrated. The margins of the lids were thick and red; the canthi red and sore. Clusters of intensely red vessels extend from the inner canthus to the cornea. There was photophobia and lachrymation. On everting the upper lids I noticed the formation of the granulations.

Immediately I commenced giving him *Arg. nit.* 3, internally, and washed the eyes with milk and rain water, brought to a tepid heat. I continued the treatment for ten days and at the end of that time hardly a remnant of the disease could be seen on everting the lids. *Arg. nit.* 3 was continued and completely cured the case in a short time.



THE HEADACHES OF ACTEA RAC., ANTIM. CRUD., ARANEA  
DIADEMA, ASA FOETIDA, ARSENICUM ALB., ATROPINE,  
ARGENTUM NIT., ARNICA MONTANA, ASARUM,  
ASCLEPIAS SYRIACA, AND ARUM MET.

ALLEGHENY MATERIA MEDICA CLUB.

ACTEA RACEMOSA.

TYPE.

Congestive headache (passive, perhaps active.)

Nervous headache (periodical or remittent).

Rheumatic headache (in the muscles).

Hysterical and menstrual headache.

Indicated in headaches resulting from loss of sleep; from abuse of alcoholic drinks; from mental strain and worry of mind; from exposure of head to drafts of cold, damp air. Nearly all the pains in the head extend to the eyeballs, and are attended by faintness, and "sinking" at the pit of the stomach.

LOCATION, DIRECTION AND CHARACTER.

\*Pain over the eyes, and in the eyes, extending along the base of the brain to the occiput.

\*Severe pains over the left or right eye, extending to the eye and base of the brain, with dejection of spirits.

Sensation as if the temples were compressed.

Head feels as if pounded full of something.

\*Dulness and heaviness of the head, as if he had been on a "spree."

Brain feels too large for the cranium; a pressing from within outward.

\*Excruciating pain in the forehead, extending to the temples on awaking at 2 A.M., with coldness in the forehead.

°Severe, remittent headache of long standing, occurring every day at the same hour.

Moving the head or turning the eyes, caused a sensation as if the cranium was opening and shutting.

Acute pain through the head during the day.

Dull boring in the forehead, over the left superciliary ridge, at 10 A.M.

\*Severe pain in the forehead, extending to the temple and vertex, with fullness, heat and throbbing; when going up-stairs, sensation as if the top of the head would fly off.

°Pain in the head relieved in the open air.

°Nervous, rheumatic and menstrual headaches.

°Headache, with severe pain in the eyeballs, extending into the forehead, and increased by the slightest movement of the head and eyeballs.

°Dull pain in the occipital region, with shooting pains down the back of the neck.

\*Intense throbbing pain, as if a ball were driven from the neck to the vertex, with every throb of the heart.

Rush of blood to head; brain feels too large for cranium; after suppressed uterine discharges or suddenly-ceasing pains.

Waving sensation in the brain.

Dull, frontal headache, relieved by pressure.

\*Vertigo, impaired vision, dizziness, dulness, with fullness and aching in the vertex.

\*Great pain in the head, back and limbs.

\*Constant, dull pain in the head, particularly in the occiput, extending to the vertex, during the forenoon and part of the afternoon.

\*The pains in the head seemed to extend over and through the whole brain, producing a distinct sense of soreness in the occipital region, which was increased by motion.

#### AGGRAVATION.

From movement. On walking.

#### AMELIORATION.

From the open air. From pressure.

#### CONCOMITANTS.

\*Great melancholy, with sleeplessness.

\*Apprehensiveness and sleeplessness in pregnant women.

\*Sensation as if a heavy, black cloud had settled all over her and enveloped her head, so that all was darkness and confusion, while at the same time it weighed like lead upon her heart.

\*Not disposed to fix the attention on any subject.

The pains in the eyes are chiefly aching, extending to different portions of the head.

\*Congestion of the eyes during headache.

\*Pain as if situated between the eyeball and the orbital plate of frontal bone.

\*Pains in the head and face are constant.

\*Eruptions, with nausea and vomiting, with headache.

\*Faintness and emptiness in the epigastrium almost constant.

\*Sensation of weight and bearing down in the uterine region, with a feeling of heaviness and torpor of the lower extremities.

\*The menses appear eight days before the time.

\*Amenorrhœa, with excessive pain in the head, back and limbs; with dark circles around the eyelids.

\*Retarded menstruation, with preservative, heavy headache.

\*Rheumatic pains in the muscles of head and back.

\*Neuralgic pains in all the extremities.

\*Increased flow of urine.

\*Sleeplessness from nervous irritation.

#### ANTIMONIUM CRUDUM.

##### TYPE.

Headache in consequence of indigestion, or a chill, or repulsion of an eruption.

Splitting pain in the forehead, or else aching, boring and spasmodic, or dull and tearing pains, especially in the forehead, temples and vertex. Aggravation of the pains on going upstairs. Amelioration in the open air. Chilly, aching sensation in the limbs,

nausea, loathing, anorexia, risings, and inclination to vomit.

LOCATION, DIRECTION AND CHARACTER.

Slight, dull headache and vertigo, increased by ascending stairs.

Stupefying, dull headache in the forehead, so violent that sweat broke out from anxiety, when walking in the open air.

In the left temporal region pressure inward; drawing, slow pulsation with fine pricking.

Violent headache after bathing in the river, with weakness of the limbs and aversion to food.

AGGRAVATION.

On going up-stairs.

AMELIORATION.

In the open air.

CONCOMITANTS.

Irritability of mind, vertigo, chilliness.

Aching of the limbs, nausea, and vomiting.

Tongue coated white.

VERIFIED SYMPTOMS OF HEAD.

\*Slight, dull headache in the forehead.

Headache in the forehead.

#### ARANEA DIADEMA.

TYPE.

Suitable in hydrogenoid constitutions, when the attack comes at regular hours; flimmering before the eyes; dizziness, which obliges the patient to lie down; on rising, a feeling as if the head and hands were bloated and swollen.

\*Headache and confusion of head,

both relieved by smoking, (but they return and continue nearly all day).

Heat in forehead and eyes; an unpleasant flickering before the eyes. Aggravated by reading or writing, at the same time pain in the head worse.

Confusion of head, and pain, especially in the right temple and upper part of forehead; relieved by resting head on hand, but reappears on removing the hand.

AGGRAVATION.

By reading; writing; on removing the hand from the head.

AMELIORATION.

Smoking; \*open air; resting head on hand.

CONCOMITANTS.

Sudden, violent pains in the teeth of the whole upper jaw, and also the lower one, at night, immediately after lying down.

\*Hæmorrhages from uterus and lungs.

Fever, with *predominant chill*, little heat, no sweat; or only chill *without* heat, sweat with thirst.

Numbness in the ring- and little-finger of both hands.

#### ASA FÆTIDA.

TYPE.

Nervous headaches of hysterical, scrofulous individuals.

Hypersensitiveness, particularly in those in whom the nervous system predominates over the arterial.

Very weak and delicate persons who suffer from very great sensitiveness.



## LOCATION, DIRECTION AND CHARACTER.

Intermittent, pulsating pains, from within outward.

Pressing pain from within outward.

Pain as if a nail or plug was driven into the brain.

Jerking pain, in outer part particularly.

Swashing in the head, as of water.

Inner semi lateral headaches, the affection may be on either side, but is generally on the left.

Headache, which disappears by contact, or is transformed into some other pain.

Stupefying tension in the head.

Darting pain from within outward.

Dull stitching or pressing from within outward, especially in the forehead, in the sides of the head and temples.

Crampy pain in the forehead, above the eyebrows.

## AGGRAVATIONS.

Pains appear and are worse when sitting.

## AMELIORATIONS.

From walking in the fresh air.

From touching the affected part.

Better from scratching, and from being touched.

## CONCOMITANTS.

Hypochondriac and hysteric restlessness and anxiety.

Hypersensitiveness.

Urine smells like Ammonia.

Involuntary twitching of single muscles.

Abuse of Mercury in syphilis.

## ARSENICUM ALBUM.

## TYPE.

Is adapted to lymphatic and nervous temperaments, and to females.

It is useful for catarrhal, neuralgic, and periodic cephalagia, and to migraine in persons with deep-seated biliary derangement, with vertigo, nausea, itching, and vomiting of bile. The pains are beating, pressive, burning, intermittent, throbbing, drawing, dull, and bruised or sore. Headaches from the abuse of Quinine and from miasmatic influences.

## LOCATION, DIRECTION AND CHARACTER.

\*Severe and exhausting cephalagia over the left eye, ameliorated by warm applications or wrapping the head up warmly.

\*Beating or pressive headache, as from a load on the brain; rising up in bed and motion aggravates; cold washings relieve temporarily; walking in the open air permanently.

\*Periodical semilateral beating-pains with nausea, buzzing in the ears and vomiting; worse, especially after eating, or in the morning, or in the evening, or at night in bed, with weeping and moaning, the pain sometimes becomes maddening.

\*Burning intermittent pains, having a tendency to periodicity, worse from continuous applications of cold water, with small pulse and cold skin.

\*The pain in the head is especially severe on the left side; cannot lean or rest on that side.

\*Pain as if bruised or sore over the

nose and in the forehead, relieved temporarily by rubbing.

\*Dull, beating pain in one half the head as far as above the eyes.

\*Drawing, pressive pain in the right side of the forehead.

\*Throbbing frontal headache over the root of the nose.

\*Intense pain in the frontal region with vertigo.

\*Internal headache, increased by light and noise.

Dull pain in the head, as from a cold.

°Headache in the occiput.

Tearing in the brain as if being torn to pieces.

#### OTHER HEAD SYMPTOMS.

\*Great heaviness of the head and humming in the ears; it goes off in open air but returns again in a warm room.

\*Paroxysms of excessively-painful hemicrania, with great weakness and icy-cold feeling in the scalp, followed by itching.

\*When moving the head while walking the brain seems to flap with pressure.

\*Erysipelatous burning and swelling of the head, with great weakness and coldness.

\*Edema of the head, face, eyes, neck, and chest, having a natural color.

\*Sensation during motion as if the brain beat against the skull.

\*Constant, severe headache, with vomiting when raising up the head.

\*Sensation of wobbling or swashing in the brain.

Stupid and dizzy in the head; is unable to think.

\*Heat in the head when coughing.

\*Great weight of the head, particularly in the forehead.

\*Great confusion of the head.

#### AGGRAVATIONS.

\*After eating, in the morning, in the evening, or at night in bed.

Rising up in bed and motion.

From the continuous application of cold water.

By light and noise.

#### AMELIORATIONS.

Cold water relieves temporarily; walking in the open air permanently, some of the pain.

Rubbing relieves temporarily others.

Warmth in general relieves the Arsenic pains.

Wrapping the head up warmly.

#### CONCOMITANTS.

\*Vertigo with reeling when walking.

\*Vertigo only when walking.

\*Excessive anxiety.

\*Restlessness.

\*Fearfulness.

\*Dread of death.

\*Screaming with the pain.

\*Great sensitiveness of the head to the open air.

\*Melancholy sadness after dinner, with the headache.

\*Dryness of the mouth and tongue.

\*Excessive thirst, drinking often and but little at a time.

\*Nausea, itching and vomiting of bile.

\*Vomiting immediately after eating.

\*Burning and swelling of the eyes.

\*Lacrymations.

\*Fluent coryza, burning and excoriating.

\*Puffiness of the face, especially about the eyes.

#### CONCOMITANTS.

\*Lips parched and dry.

\*Roaring in the ears at every new paroxysm of pain.

°Sensation as if warm air were streaming up the spine into the head.

\*Restlessness, constantly moving the head and limbs.

\*Feels chilly and sits around the stove.

\*Wants to be in a warm room.

\*Weakness, obliging him to lie down; he feels stronger when doing so; and sometimes falls down suddenly, when rising, with vertigo and aggravations of the headache.

#### ATROPINE.

##### TYPE.

This remedy exerts an influence on the cerebro-spinal centres, involving the head, throat and eyes especially, in its action.

It should be thought of in cases where Belladonna has been tried and failed, though seemingly indicated. The attacks of headache are accompanied, generally, by flushing of face and head, with rush of blood to the head; vessels increased in volume but not in tone.

Dizziness and delirium. Valuable in headaches occurring in epileptic patients. Nervous, but not hysterical temperaments.

Feeling as if head was screwed up, aggravated by walking and toward

11 A.M., and disappeared toward evening.

#### LOCATION, DIRECTION AND CHARACTER.

Periodical headache, coming on suddenly, increasing rapidly, until it is intensely severe, causing blindness and delirium.

\*Fine drawing, very sensitive stitches across the forehead and temples, recurring every few minutes, lasting some seconds.

\*Dull pains in temples, coming on at intervals and lasting a short time.

\*Very sensitive sticking in the left temporal region on waking in the morning, extending behind the ear and into the left eye; disappearing after moving about in the open air.

\*Sticking pains in base of skull, particularly over the eyes on every motion, and especially on stopping.

°Severe headache, beginning in the occiput and passing over the right side, locating over the eyes and in the balls, followed by attack of epilepsy and unconsciousness.

#### AGGRAVATION.

From walking; motion; stepping.

#### AMELIORATIONS.

Eleven A. M.; evening; motion in open air (stitches in left temple).

#### CONCOMITANTS.

Vertigo on rising in the morning.

Furious delirium, especially at night.

°Sad and morose, preferring solitude and a dark room to the society of friends (in an epileptic).

\*Rambling speech, spectral illusions, mirthful humor.

\*Sharp neuralgic pains in and about the eyes.



Eyelids heavy and difficult to keep open.

Dimness of vision with dilatation of pupil.

Mouth and throat dry, °dark-red dusky hue; \*difficulty of swallowing, on account of the excessive dryness.

Ovarian neuralgia, with headache and epilepsy.

Spasms of muscles in different parts of body.

Right side most frequently affected.

#### ARGENTUM NITRICUM.

##### TYPE.

It is most suitable to nervous persons and to headaches from moral causes, characterized by dullness of the head, mental confusion, dizziness, tendency to fall, great weakness of mind; the headache is usually attended with chilliness and trembling of the body, intense nausea and vomiting. The head feels much enlarged, time seems to pass too slowly. The patient is restless and in continual motion, or completely apathetic.

##### LOCATION, DIRECTION AND CHARACTER.

Boring in the left frontal eminence, worse at night in warm bed.

Pressing pains, sometimes on vertex, sometimes left frontal bone.

Violent pressure in the forehead, commencing over the eyes, spreading upward to the coronal suture in the morning.

Hemicrania, pressive, screwing, throbbing pain in one frontal protuberance, temple, or into the bones of the face.

Digging, cutting motion through the

left hemisphere, from occiput to frontal protuberance, recurs frequently, increases and decreases rapidly.

Dragging pains in the right hemisphere of the brain.

Almost constant boring cutting in the bones of forehead, vertex, temples and face.

Painful fullness and heaviness in the head, with inability to recollect.

\*Excessive congestion of blood to the head, with throbbing of the carotid arteries, obliging him to loosen his cravat, accompanied with heaviness, stupefying dullness of the head, great melancholy, weakness of mind, inability to express himself rightly and coherently.

\*Pain in the head, the head seems enlarged.

\*If the pain is felt all over the head, it seems to him enlarged. If the pain is felt only on one side of the head, the eye of that side appears enlarged.

##### OTHER HEAD SYMPTOMS.

In the morning she was attacked with vertigo, as if she was turning in a circle, inducing her to squat down, lest she should fall, accompanied with headache.

Giddiness, as if intoxicated, accompanied with lassitude and debility of the lower limbs.

Generally the headache is accompanied by chilliness, and sometimes by a general increase of the temperature of the body.

Head feels much enlarged.

- Congestion of blood to the head and face.

The head feels heavy, full and stupid.

Loss of memory.

Loss of consciousness.

Time seems to pass slowly.

Dullness of the head, mental confusion.

Dizziness, tendency to fall sideways.

Thinks about suicide.

Impulsive, must walk fast.

#### AGGRAVATIONS.

The headache is worse in the open air. In warmth, at night, from light and from mental labor.

#### AMELIORATION.

Better from binding something tightly around the head.

#### SENSORIUM.

Vertigo when walking with the eyes closed, which alarms him, staggers when walking in the dark, has to seize hold of things.

#### ARNICA MONTANA.

##### TYPE.

Applicable in cases of sanguine plethoric persons, with lively complexions and disposed to cerebral congestions. Congestive headaches. Gastric headaches. Headaches from mechanical injuries of all kinds. The pains are aching, darting and pressive, mostly in the forehead; worse from motion.

#### LOCATION, DIRECTION AND CHARACTER.

Pressive headache over the eyes, extending toward the temples, with a sensation as if the integuments of the forehead were spasmodically contracted.

\*Pressive pain in the forehead as if the brain were rolled up in a lump, worse when near a warm stove.

\*Pressive headache as if the head were being distended from within outward.

Pressive pain in the forehead when walking, ascending stairs, reflecting, or reading.

Feels like a heavy weight; pressing, shooting pains in both temples, from without inward.

\*Sticking pains in temples and forehead.

Pains over one eye, with compression in forehead, and greenish vomiting.

\*Pain as if a knife were drawn through the head, transversely from the left side, followed immediately by internal coldness of head.

\*Headache as if a nail had been thrust into the temple, with a general sweat about midnight, followed by faintness.

Stitches in the forehead.

#### VERIFIED SYMPTOMS OF HEAD.

Vertigo in the forehead, especially when walking; everything turning with her, and threatening to fall over with her.

Vertigo, when moving the head she feels as if everything turned with her; vertigo from a too copious meal; nausea, obscuration of sight.

Confusion of the head, with decided pressure in the right side of the head, especially over the right brow.

Burning in the brain, with natural heat of the body night and morning; worse from motion, better at rest.

Burning or hot spots on the top of the head.

\*Feeling of cold at small places on the forehead, as if some one touched her with a cold thumb.

#### AGGRAVATIONS.

On waking, violent headache.

Morning, stupefying headache.

Three to 8 P. M., pressive headache.

Walking in open air, pressive headache.

Coughing, headache, stitches in the forehead.

Moving head, stitches in head.

Rising and sitting up in bed, headache.

Reading or reflecting, pressive pain in forehead.

Stooping, headache.

Walking, pressive pain in forehead.

Walking up-stairs, pressing pain in forehead.

Near warm stove, pressing pain in forehead.

#### AMELIORATION.

When lying down at night, in evening, pain in left half of forehead; resting head on painful side, stitches in head.

When lying down at night.

#### CONCOMITANTS.

\*Indifference to everything; morose; she does not speak a word.

\*Hypochondriacal anxiety, peevishness.

Red swelling of the right cheek with swelling and pinching pain, swollen lips and great heat in head, with a cold body.

\*Dryness in mouth with great thirst.

\*Fetid breath from mouth.

\*Putrid, slimy taste in mouth.

\*Repugnance to food.

\*Early in the morning eructations tasting like rotten eggs.

Oppression at the chest with anguish; pains in the abdomen and headache.

Empty retching; ineffectual efforts to vomit.

\*Stitching pain in one side of the chest, with a short cough which increases the pain.

Sore, aching pains, as if bruised.

Everything on which he lies feels too hard.

\*Weakness, weariness, sensation as if being bruised.

Pulse full, intermittent or irregular.

#### OTHER HEAD SYMPTOMS.

\*Shivering over the whole body and the head; at the same time heat in the head and redness and heat in the face, accompanied by coolness of the hands and a feeling as of the hips, the back, and the anterior surface of the arms being bruised.

#### ASARUM.

##### TYPE.

Suitable to nervous temperaments, excitable or melancholic mood.

##### LOCATION, DIRECTION AND CHARACTER.

Intense, compressive headache, more violent when walking or shaking the head.

\*Pressure over the greater part of the brain, from without inward.

\*Sharp aching above the root of the nose.

Aching in the temples, especially the left.



Violent pressure in the forehead, downward upon the eyes.

\*Tearing, pulsating pain in the forehead, excited by stooping.

Throbbing headache in the morning, early, when rising.

Aching pain in the forehead with muddled state of the mind.

\*Very sensitive, compressive headache in the left temple and behind the ears, more violent when walking or shaking the head, less when sitting.

Early in the morning, when rising, dizziness and drowsiness of the head, with headache in left side of the forehead.

#### OTHER SYMPTOMS OF HEAD.

\*Stupid feeling in the head; has no desire to do anything.

\*Tension of the scalp; the hair feels painful.

Cold feeling at a small spot on the left side of the head, a few inches above the ears.

Pain as from contraction in the forehead, temples and behind the ears, with watering and burning of the eyes; worse about 5 P. M.

#### AGGRAVATION.

From walking or shaking the head: intense, compressive headache.

From walking, or shaking the head: very sensitive, compressive headache in the left temples and behind the ears.

#### AMELIORATION.

When walking in the open air the headache disappeared, together with the hot feeling in the cheek, the drowsiness and ill-humor.

When sitting: very sensitive, com-

pressive headache in the left temple and behind the ears.

After vomiting, relief of headache symptoms.

#### CONCOMITANTS.

\*Great nervous irritation.

\*Warmth of the cheeks.

\*Alternate flushes of burning heat and coldness.

\*General weary feeling.

\*Pulse quick and strong.

Vomiting of only a small quantity of a greenish, somewhat sour fluid, with great straining, and a sensation about the ears as if the head would split.

#### ASCLEPIAS SYRIACA.

##### TYPE.

Congestive headache from suppression of sweat or urine and fever. Nervous headaches, which are attended by dry skin and scanty urine, cool skin and feeble pulse, and followed by sweating or profuse urination. May prove useful in rheumatic headache.

#### LOCATION, DIRECTION AND CHARACTER.

Headache with vertigo, dullness and stupidity.

When the drug did not cause sweating or profuse urination, it caused violent headache, with vertigo, quick, full pulse.

°Nervous headache followed by profuse diuresis.

\*Headache from suppressed perspiration, or from the retention of effete matters in the system.

A feeling as if some sharp instrument was thrust through from one

temple to the other, with feeble pulse and cool skin.

Violent headache between the eyes; a sense of constriction across the forehead.

#### CONCOMITANTS.

Burning and tickling in the fauces, with nausea and headache.

Excessive nausea, with violent headache.

Enormous increase of urine.

Scanty urine with headache.

Profuse urine after headache.

#### AURUM MET.

##### TYPE.

Nervous. Congestive. Megrim.

Headaches of persons with black hair, dark olive-brown complexion, disposed to constipation, sad, gloomy, taciturn; or to sanguine individuals, with black hair and black eyes, a lively, restless, anxious disposition, always disposed to feel anxious for the future.

##### LOCATION, DIRECTION AND CHARACTER.

Bruised headache.

Rush of blood to the head.

Pressive pain in the temples.

Pressure in the left temple, worse on being touched.

Fine tearing from the side of the head, through the brain, violent during motion.

Pressive pain in the left temple externally.

Tearing headache in front, in the forehead, in the vertex deep in the brain, abating in the open air.

Boring in the left side of the frontal bone.

Prickings as from pins in the forehead externally.

Headache as from incipient cold.

Pains in the bones of the head on lying down, affecting vital energy.

Severe and constant heat on the top of the head.

Megrim returning every three or four days, with stitching, burning and beating in one side of the forehead, with qualmishness, nausea, and even bilious vomiting.

#### OTHER SYMPTOMS OF THE HEAD.

Rush of blood to the head with tumult and roaring of the head. Exostosis of the head. The bones of the skull are painful, especially when lying down.

Sensation as if a current of air were rushing through the head, if it be not kept warm.

#### AGGRAVATIONS.

In the morning.

In cold air.

While lying down.

From strong smells.

On being touched.

#### AMELIORATIONS.

From motion.

While walking and on getting warm.

#### CONCOMITANTS.

Great desire to commit suicide.

Sleeplessness.

Anguish of the mind and great grief.

Hopelessness and despondency.

Disposed to grumble and quarrel.

Vehement, and disposed to fly into a passion.

## “VERIFICATION OF CHARACTERISTICS.”

G. N. BRIGHAM, M.D., GRAND RAPIDS, MICH.

I agree with Professor Hawkes that the “question of characteristic indications for our remedies is the most important one connected with our therapeutics.” The first step in our enquiry after a remedy is, Where is our *similimum*?

That which is most marked arrests our attention first.

If we are familiar with what is characteristic and peculiar to a drug, that is likely to be the most significant symptom. It certainly is the most important symptom of the drug. No where is this peculiarity more manifest, perhaps, than in what are called aggravations. This was shown in the cases Professor Hawkes reported. The 4 P. M. aggravation for *Lycopodium*, and the 10 A. M. for *Natrum mur.*, in intermittent fever, being aggravations in order of time, and I never should think of giving a remedy where there was a disagreement in the *peroidical* cycle.

There are other aggravations of scarcely less importance, such as the aggravation of contact, in *Belladonna*; from being covered, in *Secale*; from darkness, in *Stramonium*; bending double, in *Dioscorea*, (being *anti-thetic* to *Colocynth.* pains, which are ameliorated by bending double); the aggravations of *Causticum*, from eating fresh meat; of *Zinc*, from eating melons; *Borax*, in downward motion;

*Cocculus*, when riding; *Rhus*, from rest; *Bryonia*, from motion; *Apis*, in a warm room, which are true key-notes in the solution of the question, “Where is our *similimum*?”

Not that these are more valuable than a hundred others which our *materia medica* affords, but they help, like the special cycles in time, to differentiate. And that is exactly what we want to do. Eliminate from the disagreeing elements the agreeing symptoms, subjective and objective, as well as any other matter which shall perfect the complete similitude, but the aggravation and amelioration are the symptoms to emphasize, first and always.

We have noticed a tendency of late to undervalue the subjective symptoms even, more than once have we seen them ridiculed, while the objective symptoms have been given the place of honor. A school of medicine founded on vital phenomena and not chemical or physical, never should degrade the vital symptoms—the symptoms that come to us through the nervous system; and least of all, that part of the nervous system most perfected by which sensation, motion, and will are expressed.

He who shall help to find our characteristics, and spread before us in a comprehensive form their verification, will have done the profession



the very highest service. This is practical work, and worthy of our Guernsey, Burt, and Hoynes.

A few cases in point.

#### CASE I.

We will add three cases to Professor Hawkes intermittents.

We were consulted, a short time ago, by a workingman, about twenty-five years old, of a previous robust habit. He was dark-complexioned, bordering a little upon the olive complexion. An Italian by birth. He was suffering from a well-developed intermittent, with chill coming on at about 10 o'clock A. M. Paroxysms very pronounced; no appetite; fever had produced a rapid emaciation, with great loss of strength. He trembled excessively from muscular weakness and was only able to be about on the day his chill did not appear. The fever being of a tertian type. He had been in the charge of one of our homœopathic physicians for a week, with no improvement. I gave him four powders of *Natrum mur.* 10,000, and he had no more chills.

#### CASE II.

A lady who had a constantly-returning ague each spring for several years, which was annually suppressed by large doses of Quinine, consulted me after a second chill. She was faithless in regard to my small doses, so my cure can hardly be said to be one of the imagination. The symptom that governed me in my prescriptions was, *thirstlessness in the hot stages, and thirst while the chill was on.* I gave her *Ignatia*, and she had no more chills.

#### CASE III.

A more remarkable case was that of a gentleman to whom I was called last summer, who had been down for more than a week with an aggravated form of a bilious intermittent, which had steadily increased in the severity of both chill and fever paroxysms spite of all that had been done. The night I was called to see the case, patient went into a congestive collapse, where there was no pulse for hours; complete paralysis of the throat; paralysis of the optic and auditory nerves; cold, blue nose; cold hands and feet and limbs. Collapse remained so obstinate that patient's life was despaired of. *Veratrum* and *Nux vom.* were given through the night, but the case looked unpromising enough at daylight. He had taken large doses of Quinine. The gastric symptoms had been quite pronounced. Remembering how at just about six o'clock his paroxysm had set in, we decided to give him *Pulsatilla*, and had the satisfaction of seeing a prompt arrest of the disease.

The case is cited because of its extreme severity, and also for the fact that *Pulsatilla* is not usually regarded as much of a remedy for a man.

#### CASE IV.

Guernsey has given us as a characteristic of *Thuja* in diseases of women, "a terrible distressing pain occurs in the left iliac region, when walking or riding." A few years ago I had a lady consult me for a uterine polypus. She had had it removed by a surgeon some eighteen months or so before. She had been for four months in the

charge of a homœopath, with no improvement. She was of a sallow complexion, extremely nervous and quite emotional. She could not walk or ride in a carriage, such was the distress that attended in the left iliac region and extending up to the loin. She also had pain in the left groin. I gave her Thuja 200, and she discharged the polypus at her second menstrual period following.

## CASE V.

A child, which had been four weeks sick of lienteria till it was emaciated to almost a skeleton. The bowels would seem to hold nothing, while discharges seemed *very fetid*, and came away with a sort of *gush, nearly all of the stool at a time*. Often gurgling sounds were heard, as if water was passing from a *bunghole*. We gave Gummi gutti 200, and had the satisfaction of seeing a case which had resisted both allopathic and homœopathic treatment before, promptly rally from what seemed a moribund state.

## CASE VI.

Some years ago I was called in consultation in a case of peritonitis. Patient had been given up. Found

two physicians in attendance. She had burning pains in the abdomen, which was very sensitive, accompanied with *tenesmus* of the *urinary viscus*. One advised the use of Arsenicum, the other Mercurius. I ordered Cantharis 200, which was given, and a rapid convalescence followed.

## CASE VII.

A case of cardiac rheumatism came on to our hands a few weeks ago, three venesections having been performed, blisters applied over the entire thoracic walls, with aid of the usual aperints, before I saw the patient, who was considered in a dying condition. Patient was a full-blooded male. Had an anxious look; pale face and purplish lips; cold, clammy sweat on forehead and over the upper and lower extremities; could *only breath with the shoulders elevated and lying on the back; sensation as if the heart was squeezed*; valvular insufficiency to the extent that second sound was entirely lost. A dangerous paroxysm at about 11 P. M. Gave Cactus grand., and with complete success. Sounds becoming normal in four weeks.

## CLINICAL PROVING OF SELENIUM.

Small round tetter on different parts of the body. Crooked erections—the glans penis is not, as under Cantharis, drawn downward, but upward—which is also under Berberis.

These symptoms were produced by giving a high potency of Selenium for other symptoms which disappeared. —*Dr. Ad. Lippe in the Organon for July, 1878.*

## HOMŒOPATHY ILLUSTRATED.

## SIMILIA SIMILIBUS CURANTUR,

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

## 34.

## CONSTIPATION.—BRYONIA.

*Frank T. Burck, Frederick, Md.*

In June, 1876, Rev. J. S., a catholic priest, consulted me. He had for fourteen years been troubled with an obstinate constipation, often causing severe headache. Had been repeatedly prescribed for by prominent allopaths, and only found relief by using a solution of Aloes in whisky, twice daily. When consulted by him he gave no particular symptoms, save the stools were very hard and dry, despite the Aloes, and often caused some difficulty in their expulsion, otherwise his health was excellent.

He received Bryonia 200, a powder every night. After taking the third powder he had a natural passage and has continued free from constipation to date, September, 1878.

during the day, aggravated by mental exertion, always worse from coffee, with frequent vomitings of a little bilious-looking fluid. Stools dry, hard, as if burnt.

Bryonia 200 relieved at once. No second prescription necessary.

These two cases are interesting from the fact that they are ones in which we would almost always think of Nux vom. The rapidity with which the cures were effected, and their remarkable permanency, proves beyond a doubt the homœopathicity of the drug.

I have been taught by experience to always think of Bryonia in cases barren of striking symptoms, but more especially when there appears to be a feverish condition of the intestines, causing *dry, hard stools*.

## 35.

## HEADACHE.—CONSTIPATION.—BRYONIA.

*Frank T. Burck, Frederick, Md.*

Mrs. W. J., aged twenty-six, married and a mother, had for four years an obstinate headache accompanied by constipation. The headache would be felt almost every day, immediately on arising in the morning, increasing

## 36.

## CANCER.—ARSENICUM.

*G. W. Bowen in Hoyer's Clinical Therapeutics.*

Lady, aged seventy. Had three cancerous sores on the face, (forehead, upper lip, nose), which had existed thirty years. All were discharging, a thin, yellowish water. Ars. cured in seven months.



## SYMPTOMS OF SIX REMEDIES FROM THE

H. C. JESSEN, M.D.,

## LEADING USES.

*Apis mel.*

The chief symptoms of a bee-sting are, rapid swelling of the cellular tissue; redness; burning, stinging, tingling and itching pain.

In diseases with symptoms similar to a bee-sting, as erysipelas, angina faucium, glossitis, carbuncles, urticaria, etc.

With the other symptoms are usually combined urinary difficulties.

Compare, Bell., Canth., Rhus, Ars.

*Cantharis.*

Has a specific action upon the whole tract of the urinary mucous membrane and upon the skin.

In inflammatory affections, etc., of the urinary organs from the kidneys to the urethra; in burns, scalds, erysipelas, carbuncles, etc.

Is best adapted to diseases of a violent, destructive character.

Compare, Tereb., Copaiva, Cann., Ars., Apis, Merc. cor.

*Lachesis.*

The poison acts by decomposition of the blood; the curative sphere is especially in pyæmic and nervous diseases.

Hysterical and climacteric affections, diphtheria, gangrene, carbuncles, purpura, etc.

Diseases calling for it are generally of a malignant character.

Compare, Crotal., Naja, Ars., Ther., Tarant., Nit. ac.

## SKIN.

Stinging, burning, smarting pain; deep-red, hot, swollen; pale waxy.

Erysipelatous swelling; measles-like eruption, etc.

In erysipelas, urticaria, scarlatina, etc., especially with swollen throat, carbuncles, dropsical affections, etc.

Itching, changing places; sensation like lice; burning.

Erysipelatous inflammation, forming blisters, painful to touch; ulcers with tearing pain; eczematous eruption.

Vesicular erysipelas, burns, eczema, herpes zoster, etc.

Itching of the whole body; bluish color.

Yellow or purplish blisters, malignant pustules, petechia, etc.

In skin affections of malignant character, as erysipelas, carbuncles, foul ulcers, gangrene, etc.

## TRUNK AND EXTREMITIES.

Bruised, stinging, drawing pain in various parts, especially in the chest, neck, back, legs, etc.

Rapid œdematous swelling of various parts, especially the feet, legs, hands, etc.; trembling and numbness of limbs.

In dropsical swellings and in dropsy of various forms, especially dropsy from a chill or after scarlatina.

Tearing and itching pains in the neck, back, loins, kidneys, arms and legs.

Weakness and trembling of the limbs; tearing in the limbs; relieved by rubbing.

In burns and scalds with blisters, recent baldness, erysipelas, etc.; post-scarlatinal dropsy.

Stiff-neck; jaws move with difficulty; pain in the small of the back etc; pain and weakness with numbness of the extremities.

Erysipelatous swelling, gangrenous ulcers, etc.

In traumatic gangrene, erysipelas, foul ulcers, pyæmia, etc.

Has a special affinity for the outlets of the body.

## ANIMAL KINGDOM PRESENTED IN COMPARISON.

CHICAGO, ILLINOIS.

## LEADING USES.

*Moschus.*

Acts especially upon the nervous system, the female sexual system and the heart.

Of great value in hysterical paroxysms and nervous palpitation. "I know of no better remedy."—Hughes.

Especially indicated in conditions with great coldness.—Guernsey.

Compare, Ambra, Castor., Tarant., Asaf., Valer., Camph., Nux mosch.

*Sepia.*

Affects especially the mucous membrane of the female genito-urinary organs and the skin.

In disordered and painful menstruation, leucorrhœa, displacements of the uterus, pimples, anæmia, etc.

Is best adapted to cachectic women of delicate organism, torpid functional action.—Guernsey.

Compare, Puls., Graph., Lyc., Phos., Sulph., Zinc.

*Spongia.*

Has a special affinity to the glands and respiratory organs.

Affections of the larynx, trachea, testes and ovaries; in cough, hoarseness, bronchocele, etc.

Dr. Wells thinks it the most valuable remedy in fibrous deposits upon the valves of the heart.

Compare, Iod., Brom., Hepar sulph., Ant. tart., Kali bich., Selen.

## SKIN.

Sensation of coldness of the skin.

Itching in the face, on the arms, hands, back, etc.

Sensitiveness of the skin; red, itching spots.

Humid tetters, pustules and other eruptions.

Itching eruption.

In herpes, eczema and other skin affections, especially in women.

## TRUNK AND EXTREMITIES.

Cramp-like and suffocating constriction and stitches in the chest and sides; palpitation of the heart.

Feeling as if bruised all over; limbs stiff, tremble, are cold, with internal heat.

In hysterical, spasmodic affections, as in spasms of the chest, etc.

Pain and weakness in the small of the back and extremities; coldness between the shoulders and of the hands and feet.

Stiffness of the joints, with pain and weakness; a peculiar odorous perspiration in the axilla and soles of the feet is characteristic.

In affections arising from sexual disorders in women.

Painful stiffness of the neck; pressing pain in the small of the back; heaviness and trembling, numbness and stiffness of the extremities.

Swelling and induration of the glands; dropsies in the cavities of the body; trembling and debility.

In disorders of the glands, especially bronchocele, orchitis, etc.

## MIND, SENSORIUM, ETC.

*Apis mel.*

Drowsiness, torpor, delirium; impaired memory, irritability, etc.

Brain feels tired; vertigo with nausea; headache.

Sleepiness, but cannot sleep; restless sleep and incessant dreaming.

*Cantharis.*

Despondent, low-spirited; confusion, inability to think; furious delirium, rage.

Vertigo; staggering, fainting, with dimness of the eyes.

Sleepless; anxious dreams.

In nymphomania and satyriasis (Altschul); hydrophobia.

*Lachesis.*

Great depression; very unhappy and distressed; delirium; complete insensibility.

Vertigo; head as heavy as lead.

Sleeplessness; much dreaming; always worse after sleep.

In melancholia religiosa, (Altschul); hysteric affections.

## HEAD.

Head feels swollen; hair falls out in spots; scalp is puffed, etc.

Headache; burning, throbbing, congestive; neuralgic pain; hydrocephalus.

Eyes—burning, stinging, shooting pain; œdematous swelling of the lids.

Ears—hardness of hearing; redness and swelling.

Nose—swollen, red, and œdematous.

Face—dark-red, hot, swollen, pale, sallow; stinging, burning pain.

Mouth—lips œdematous, burning; great pain.

Head—heaviness in the occiput; hair falls off.

Headache, in the forehead; congestion; burning in the sides of the head; giddiness.

Eyes—protruding; sunken; inflamed, blue rings around.

Ears—ringing, humming in; tearing pains.

Nose—inflamed; erysipelatous swelling.

Face—expression of great suffering; swollen, puffy.

Head—swollen, blue-red; hair falls out; erysipelatous tumors.

Headache—violent, throbbing, frontal or orbital; sick, nervous, with flashes of heat.

Eyes—photophobia; pain; red; ulcers on the cornea.

Ears—Over-sensitiveness to sounds; hardness of hearing.

Nose—red, swollen; discharge of blood and pus.

Face—expression of great suffering.

Mouth—lower jaw hangs down; lips dry, cracked, and swollen.

## NERVOUS SYSTEM.

Nervous restlessness, great prostration, tired and feeling as if bruised in every limb; the pains are stinging, burning and itching.

In cerebro-spinal-meningitis.

Weakness, prostration, faintness; convulsions from dysuria.

Hydrophobic symptoms; the sight of water causes spasms.

Trembling all over; prostration; spasms; convulsions; epilepsy; tetanus; paralysis.

In hysteria and in ailments from the climacteric period; spasms, epilepsy, tetanus, etc.

## CIRCULATORY SYSTEM.

Pulse accelerated, full, strong; weak; acute pain below the heart.

Pulse very variable; drawing pain in the region of the heart.

Pulse small and accelerated; palpitation of the heart; pain, restlessness, anxiety.



## MIND, SENSORIUM, ETC.

*Moschus.*

Mind excited to insanity; anxiety with palpitation of the heart; ill-humor.

Vertigo, with feeling as if falling down from a great height.

Sleeplessness; coma.

In hysterical and hypochondriacal diseases, arising especially from the sexual system.

*Sepia.*

Weakness of memory, heavy flow of ideas; inability to mental labor; depression, irritability, apathy.

Stupefaction of the head.

Sleepiness, sleeplessness; dreams, talks in sleep; weak after.

In some hysterical affections.

*Spongia.*

Mental dullness, difficult comprehension; excessive mirth; irresistible desire to sing, etc.

Vertigo, with danger of falling.

Heavy sleep; sleeplessness; awakes in a fright.

## HEAD.

Head—painfulness of the whole head, much pain when touched.

Headache, deep in the brain; tensile, pressive, tearing pain, as from a heavy load upon the top of the head.

Eyes—pressure as if from sand; dimness of sight.

Ears—sounds as from reports of a canon.

Nose—sneezing; bleeding.

Face—heat, tension, earthy-complexion, small pimples.

Mouth—lips peel off; swelling; movement of the lower jaw, as from chewing.

Head—fontanelles remain open; falling off of the hair.

Headache—burning, shooting, stinging; hemicrania in spells.

Eyes—dullness; burning pain; inflammation.

Ears—over-sensitiveness to sounds; stitches in the ears, etc.

Nose—over-sensitiveness to smell; loss of smell; nose swollen.

Face—yellow, pale; pimples; a saddle across the nose; intermittent prosopalgia.

Head—itching on the scalp; yellow, scaly eruptions.

Headache, congestive, dull, pressing from within outward.

Eyes—coldness; pressing pain; lachrymation.

Ears—hardness of hearing; suppuration of the external parts.

Face—pale-red; anxious expression; swelling of the cheeks.

Mouth—swelling of the maxillary glands, eruption of the lips.

## NERVOUS SYSTEM.

Nervous excitement; violent sexual desire, palpitation, hysteria, spasms; nervous, suffocative constriction of the chest.

In hysterical affections.

Restlessness; hysterical spasms; twitching of the limbs; weariness; paralysis with atrophy.

In hysterical affections.

Debility.

## CIRCULATORY SYSTEM.

Pulse quick; weaker than usual; palpitation of the heart.

Palpitation of the heart with anxiety, congestion, etc.

Pulse frequent, hard, full or feeble; violent palpitation, etc.

## CIRCULATORY SYSTEM.—CONTINUED.

*Apis mel.*

Chills about 3 P. M., runs down the back; burning all over; sweat after trembling; nettle-rash; thirst during chills.

For intermittent fever, protracted cases, (Dunham); hydrothorax.

*Cantharis.*

Chill in the evening; burning heat at night; heat with thirst; sweating; sweat smells like urine.

In some feverish conditions.

*Lachesis.*

Chills violent, chattering the teeth; heat at night or alternating with chills; profuse, cold sweat.

Decomposition of the blood.

In diseases of the heart; malignant, intermittent fever; hæmorrhages, etc.

## RESPIRATORY SYSTEM.

Throat sore, swollen; burning, stinging pains; breathing hurried and difficult.

Cough dry, gagging, croupy; hoarseness.

In diphtheria, glossitis, tonsillitis (a prime remedy); hydrothorax.

Burning in the larynx; breathing difficult; ulcers in the throat.

Dry, hacking cough; hoarseness; stitches in the chest; burning of the pleura.

In diphtheria, tonsillitis, pleurisy, etc.

Larynx exceedingly sensitive; breathing difficult; chest constricted; asthma; croup; diphtheritis.

Cough dry, from tickling in the lungs; pain and burning of the chest; hydrothorax.

In "nervous sore throat;" irritable throat, diphtheria, croup, pericarditis, etc.

## DIGESTIVE SYSTEM.

Mouth—dry, hot, burning; fetid odor; teeth pain; gums bleed, etc.; tongue swollen, hot; throat hot, swollen, ulcerated.

Loss of appetite; great thirst; no thirst; bitter taste.

Stomach—heartburn; nausea; vomiting and diarrhoea; burning pain.

Abdomen—pain in the left hypochondria; must bend forward; fullness and swelling.

Stool—diarrhoea, watery, yellow, foul, greenish or black; constipation.

In glossitis, diphtheritis, tonsillitis, ascites. Is one of the best remedies in morning diarrhoea.—Burt.

Mouth—dry; burning pain; salivation; tongue thickly furred, swollen; red edges; throat burning, swollen, ulcerated.

Disgust for everything; great thirst with burning pain; cannot swallow.

Stomach—eructations, nausea, vomiting; burning, with extreme sensibility to the slightest pressure.

Abdomen swollen, tympanitic; cutting pains; burning in the intestines.

Stool—diarrhoea with vomiting; burning pain in the anus; discharges of blood and mucus or pure blood.

In diseases from inflammation of the digestive canal, especially of a violent character.

Mouth—putrid odor, much salivation; teeth decayed; gums swollen; tongue trembling, dry, black, stiff; throat swollen; putrid ulcers.

Loss of appetite; great thirst; sour taste; everything tastes sour.

Stomach—sour eructations; heartburn; nausea, vomiting; gnawing pressure; great pain.

Abdomen—pain in the liver; painful distention, flatulence; burning, like fire.

Stool—thin, offensive, fecal; blood and slime; tenesmus, worse at night, etc.; constipation.

In hæmorrhage, nervous dyspepsia; black vomiting (?).

## CIRCULATORY SYSTEM.—CONTINUED.

*Moschus.*

Chilliness in the spine, with pain; external coldness, internal heat; heat alternate with cold; slight sweat in the morning.

Excessive orgasm of the blood.

*Sepia.*

Lack of natural bodily warmth, chilliness in the evening; thirst; heat and chill alternate.

In venous congestion of the uterus, abdomen, etc. Inter-mittent fever, with much heat.

*Spongia.*

Chill, violent, with shaking, great heat after; cold sweat, etc.

In oppression and cardiac pain; palpitation and dyspnoea, etc.

## RESPIRATORY SYSTEM.

Sensation in the larynx as from the vapor of sulphur; shortness of breath; spasms of the lungs, etc.

Cough short, dry, spasmodic.

In ailments combined with hysteria; suffocative fits, asthma, dyspnoea.

Larynx dry, rough, sore; shortness of breath; oppression of the chest.

Cough dry; paroxysms of spasmodic coughing, worse when at rest; profuse expectoration.

In bronchial catarrh; in cough with saltish sputa.

Larynx sensitive, inflamed, etc.; mucous rattling in the wind pipe; breathing very difficult, wheezy, anxious, sawing.

Cough dry, barking, hollow, croupy, wheezing, etc.

In hoarseness, cough, and other affections.

## DIGESTIVE SYSTEM.

Mouth—dryness, burning; toothache; dryness and burning in the throat.

Aversion to food; thirst (for beer); taste bitter, putrid, etc.

Stomach—eructations, great nausea, vomiting, oppression, smarting, burning sensation.

Abdomen—stitching in the region of the liver; much flatulence, distension, pressure and pain.

Stool—constipation, much urging, rumbling in abdomen; diarrhoea profuse, with drawing pain.

Mouth—offensive smell, flow of saliva; toothache, decay of teeth; gums painful; tongue coated white, pains; throat, pain, inflammation.

Appetite and thirst capricious; taste bitter, saltish, putrid.

Stomach—eructations, heartburn, nausea, vomiting, pressure, sensitive to touch.

Abdomen—pain in the left side; puffed up; rumbling, pain; colic, with distention.

Stool—diarrhoea, jelly-like, green, mucous, sour; with colic, tenesmus; constipation, like sheep-dung; oozing moisture from the rectum.

In dyspepsia and gastric conditions, especially in women.

Mouth, dry and burning; tongue, brown; throat, burning, stinging; suffocative spells.

Great appetite and thirst; bitter taste.

Stomach—empty feeling, soreness, stitching, drawing-pain.

Abdomen—pressure in the hypochondriac region; rumbling, swelling, pain, etc.

Stool—hard, insufficient; ascarides.



## URINARY SYSTEM.

*Apis mel.*

Irritation of the organs, from the kidneys to the urethra.—Hughes.

Urine high-colored, scanty; frequent urging; strangury.

*Cantharis.*

It inflames the whole mucus tracts, from the kidneys to the urethra.—Hughes.

Urine — constant urging; emissions in drops, with great pain, etc.

*Lachesis.*

Stitches from the kidneys to the urethra.

Urine almost black, passed with great burning.

## GENERATIVE SYSTEM.

Male—frequent erections; swelling of the testicles; hydrocele.

Female—pain and swelling of the ovaries, especially of the left; pain in the uterus; amenorrhœa, dysmenorrhœa. Few remedies cause so many ovarian symptoms. Hughes.

Abortion during the early months, pains in the mammae.

Male—excessive desire for sexual congress; priapismus.

Female—menses too profuse; strong sexual desire; nymphomania; violent pain in the ovaries; swelling of the neck of the uterus; uterine hæmorrhages.

Retained placenta, puerperal convulsions.

Male—sexual excitement.

Female — sexual desire, nymphomania; menses scanty, feeble, but regular at times; swelling and pain in the left ovarian; uterus feels as if the os was open.

Lochia fetid; milk thin and blue.

## SPECIAL REMARKS.

Worse in cold weather; through the nights, especially after midnight, and from heat in a room.

Acts especially upon the left side.

The right side is most usually affected.

Worse after sleep.

Has a special affinity to the outlets of the body and left side.

Is of special benefit for climacteric ailments.

## THE ANTISEPTIC TREATMENT OF WOUNDS.

CHAS. ADAMS, M.D.

Professor of Principles and Practice of Surgery and Clinical Surgery in Chicago Homœopathic College.

*Read before the Illinois State Homœopathic Medical Association.*

During the past ten years our journals have contained many articles indicating marked advances in the treatment of wounds. In no other department of surgery has progress been so great as in this, and the fact

that such lesions occupy much of the every-day attention of the surgeon, renders the subject well worthy of our serious consideration.

In the treatment of wounds long-established methods of dressing and

## URINARY SYSTEM.

*Moschus.*

Burning in the urethra; stitches from the anus to the bladder.

Urine watery, abundant; scanty, and thick like yeast.

*Sepia.*

Frequent micturition, even at night; enuresis.

Urine very offensive; red sediment.

*Spongia.*

Frequent urging to urinate, with scanty discharge.

Urine frothy, thick sediment.

## GENERATIVE SYSTEM.

Male—violent sexual excitement; involuntary emissions; impotency.

Female—violent sexual excitement; menses too early and profuse, with intolerable titillation in the genital organs.

Male—increased sexual desire, with weakness.

Female—coition painful; menses too early, profuse, etc.; uterus; pain, bearing down; prolapsus; induration of the neck.

Male—swelling of the left testicle and inflammation.

Female—Menses too soon and too profuse; preceded by colic, pain in the back, etc.; induration and enlargement of the ovaries.

In hysterical affections; in nymphomania satgriasis, etc.

Of great use in female sexual disorders.

## SPECIAL REMARKS.

Aggravation of the pain when the body becomes cold.

Worse in dry weather; during rest; great sensitiveness to cold air.

Iodium is a considerable ingredient of *Spongia*, but they ought not to be used indiscriminately, for the former has a much wider range of action.

I use the 2d and 3d decimal dilution of the tincture; I believe that the odor is of importance to the action, and that globules, etc., of it are useless.  
—Hughes.

checking hæmorrhage have been improved upon or superceded, and almost every indication for treatment met by some new device having for its purpose the prevention of suppuration and its consequences. The views of the causes and nature of suppuration have been considerably modified by the "germ theory" of Tyndall and Pasteur, so that to-day most instances of suppuration are regarded as the result of putrefactions, and therefore

our aim in the treatment of lesions likely to be followed by pus formation should be the prevention of such process of decay. To do this we employ what is known as the antiseptic method, or some of its modifications. The present advanced state of surgery in this regard is due mainly to Professor Joseph Lister, of Edinburgh, who has by repeated effort and demonstration urged its claims upon the profession, and has accomplished,

in many cases, results which, ten years ago, would have been looked upon as strikingly exceptional if not impossible. It has taken almost ten years for Lister, with his ingenuity, indomitable perseverance and acknowledged ability, to bring a part of the profession to admit the value of what is now known the world over as his method. I say only a part of the profession, for there are still many surgeons who do not consider the method worthy of adoption, in spite of the published reports of Lister, Volkmann, and a host of others.

His plan of procedure is based upon the theory that the atmosphere is laden with germs, which, having access to putrescible material, set up putrefaction. In wounds and abscesses putrefaction is productive of irritation and this in turn of suppuration. The method aims, first, at putting the wound itself in an *aseptic* condition, and second, preserving that condition by preventing the access to it of septic germs. The first indication is met by thorough treatment of the wound, with an antiseptic, before the dressing proper is applied, so that no particle of matter capable of giving rise to putrefaction is left, and the second, by surrounding the wound entirely with an antiseptic barrier of sufficient strength to thoroughly devitalize any germs on their way to the injured tissues. It is only by strict attention to details, and action on the belief that the slightest contact of septic air with the contents of closed wounds will result in putrefaction, that the brilliant results achieved by the advocates of this method can be equalled, and here I may ask, *if* by due care and attention to these details similar results can be obtained, is it not the imperative duty of the surgeon to use this process even though it be tedious and at first sight apparently "fussy"? Besides the

benefit derived by the patient from the speedy healing of his wounds and freedom from traumatic fever, septicæmia, and the like troubles, it has been noticed in all large institutions where the method has been practiced that a marked improvement has taken place in the general sanitary condition. Before considering the details of application of the method, I beg to call the attention of the association to some results published as obtained by its use. In the Royal Infirmary of Glasgow, where the method in full detail was first put into practice, a complete revolution took place in the character of results obtained—pyæmia, septicæmia, erysipelas, and hospital gangrene were almost lost sight of. In the matter of amputations the mortality was reduced from 45 per cent before to 15 per cent after its use. This occurred in the early history of antiseptic treatment, when it was imperfect as compared with the present mode of application. Professor Saxtorph, of Copenhagen, reports that since the use of the method in the Fredericks hospital not a single death from pyæmia has occurred, and no fatal case from the ordinary hospital diseases. Reports from Leipsic (Dr. Joseph, of Jacob's hospital), Dresden, Vienna (Professor Dittel), Berlin (Bardeleben and Längenbeck), and Halle (Volkmann), all confirm the results published by Lister and his British colleagues.

At the congress of German surgeons held last year at Berlin, Volkmann, of Halle, reported as follows, and this report may be taken as a fair supposition of what may be accomplished by the method in good hands.

Of 139 cases of simple amputation, only four died, a loss of 2.87 per cent.

Of nine double amputations, two died.

Of 75 compound fractures of fore-



arm, elbow, arm, leg, knee, and thigh, all recovered.

Of 21 cases of excision of knee joint, none died from the operation.

All cases of penetrating wounds of joints did well.

Billroth, of Vienna, uses the method with the effect of reducing pyæmia and erysipelas to a minimum, but without the freedom from suppuration of other operators. This he frankly acknowledges to be fairly attributable to the omission of some important details. Reports from all the principal cities of Europe might be quoted, which would be only a repetition of what has been cited, all, however, showing the immense superiority of this over any other method. By its use compound fractures and dislocations are converted into simple, joints are freely opened, psoas abscess has been successfully treated, cases formerly condemned to amputation have their limbs saved in a useful condition, and operation wounds united by first intention and without the grave sequels so often met formerly. With the above results in view, we may proceed to consider the details of the method itself. As antiseptic agents, which repeated and extensive trials have proved valuable, we may mention, Carbolic acid, Thymol., Salicylic acid, Zinc chloride and Boracic acid.

Carbolic acid has been most extensively used, and so far has been rivalled in general utility only by Thymol. We can best illustrate the use of the method by describing, e. g., an amputation. The surface of the part to be operated upon is thoroughly cleaned by sponging or irrigation with an aqueous solution of the acid of the strength of 5 per cent (1-20). All sponges, instruments, etc., are carefully cleansed in a solution of the same strength. During the operation a weaker solution (1 per cent), is used for washing sponges, and also in

the form of spray, which by means of a suitable atomizer is thrown directly upon the field of operation so as to completely envelop the wound and its surroundings in an antiseptic mist. The amputation made, the vessels are secured by torsion, acupressure or the carbolized catgut ligature\* firmly tied in a square knot and both ends cut short. A drainage tube is inserted, the edges of the wound brought into apposition by carbolized gut or silk sutures,|| and the projecting end of the tube cut off flush with the level of the integument. The external dressing consists, first, of oiled silk, carbolized, known as "protective,"† its object being to protect the wound from any stimulant effects of the acid in the next application consisting of eight layers of carbolized gauze,‡ under the top layer of which a piece of thin rubber cloth is placed to prevent the too rapid washing away of the antiseptic material from the gauze, by the serous discharge from the wound. The spray is kept up continually from the beginning of the operation until the dressing is completed, and is used at all changes of the dressing until the wound is healed. It will be seen that the method depends for its success upon the principle of allowing nothing to come near the wound except it be first rendered aseptic. The drainage tube should be of pure rubber, and is essential whenever the wound is of any con-

\* Catgut Ligature.—Soak catgut of required thickness in carbolized olive oil, one part acid to five of oil, with a small quantity of water diffused through it to keep the gut supple.

† Protective.—Oiled silk lightly brush with copal varnish, on both sides. After drying again brush with a solution of starch and dextrine, so that it may retain a watery solution of the acid when dipped in it before application.

‡ Gauze.—Mix paraffin, sixteen parts; resin, four parts, and Carbolic acid, one part. Dip cheap muslin gauze in the mass and wring or press out while hot.

|| Sutures.—Silk may be rendered thoroughly aseptic by steeping in a mixture of beeswax, 10 parts, Carbolic acid, one part, the superfluous wax being wiped off the silk as it is drawn from the mass.

siderable extent, as a free flow of serum follows the use of the spray. In most cases not more than from two to five dressings will be required, and may be made in the absence of complications, at intervals of one, two and three days, respectively. If suppuration occurs in a case under treatment after this plan, carried out in detail, it will be such as is not due to putrefaction and the pus will be perfectly innocuous. Frequent meddling with wounds is to be avoided. As long as they do well they are better let alone. All materials needed can now be obtained at the surgical instrument stores ready for use, or may be prepared according to the subjoined formulæ.

Thymol or Thymic acid, a derivation of the *Thymus vulgaris*, has been recently reported on by Ranke (for Volkmann, of Halle). It is preferred by him to the Carbolic acid for its lack of irritant qualities, its easy use and less expense. A decided advantage possessed by the Thymol is, that a solution of uniform strength (1-1000) is used for lotion,\* sponges, instruments and spray. As the agent is perfectly unirritating the protective is dispensed with—the wound being dressed with Thymol gauze,† as in the Carbolic treatment. From the clinic of Volkmann, Ranke reports fifty-nine cases of operation in which Thymol was used, formation of pus taking place in only two. As far as my own experience with it has gone the results have been perfectly satisfactory, the only objection to it being its own odor, which to patients with sensitive olfactories is occasionally annoying.

\* Thymol solution.—Thymol, 1 part.  
Alcohol, 10 parts.  
Glycerine, 20 parts.  
Water, 1000 parts.

† Thymol gauze.—Prepared by saturating gauze, by weight, 1000 parts with

Thymol, 16 parts.  
Resin, 50 parts.  
Spermaceti, 500 parts.

Salicylic acid has been used most extensively in the Jacob's hospital, Leipsic, by Prof. C. Thiersch. In the second series of R. Volkmann's German Clinical Lectures may be found a report on the clinical results of the Lister method, and the substituting of Salicylic for Carbolic acid. The results of the Lister method with Carbolic acid as an agent, although good, were not so brilliant in the hands of Thiersch as he had hoped for, and it should be said that his trial of the method was made before its details had been perfected. Believing that the acid (Carbolic) itself was productive of a good deal of irritation, and, that its volatility was a serious objection, necessitating frequent change of dressing, Thiersch finally selected Salicylic acid as a substitute. The part operated upon is prepared as in Lister's method, by washing with a 5 per cent solution of Carbolic acid or Salicylic water.\* The spray used during operation is Salicylic water, all vessels are secured by Lister's catgut ligature and the edges of the wound are put in apposition with antiseptic sutures. In all extensive wounds a drainage tube is inserted and thoroughly flushed with the Salicylic water until the fluid returns nearly clear. The line of the wound is covered with a strip, three fingers wide, of perforated oiled silk, gutta percha tissue, or antiseptic gauze. Over this is placed, first, a layer of 10 per cent Salicylic cotton† an inch thick, and second, a two inch layer of 3 per cent cotton,‡ the whole being secured by a gauze

\* Salicylic Water.—Salicylic acid, 1 part.  
Water, 300 parts.

† Salicylic Wadding.—10 per cent.—Dissolve 1 kilogramme of Salicylic acid in 10,000 grammes of spirits, sp. gr. 0.830, dilute with 60 litres of water at 158° to 176° F., and soak 10 kilogr. of clean cotton wool in the mixture.

‡ Salicylic Wadding.—3 per cent.—Dissolve 750 grammes of Salicylic acid in 7500 grammes of spirits, of sp. gr. 0.830, dilute with 150 litres of water at 158° to 176° F., and soak 25 kilogr. of clean cotton wool in the mixture.

bandage. It hardly need be said that the cotton should overlap the boundaries of the wound to a considerable distance, say a hand's breadth, in an amputation of the leg. In place of Salicyl cotton, Thiersch has of late used Salicyl jute,\* containing 4 per cent of the acid. In the absence of systemic disturbance, the dry dressing is left in position eight or ten days, when the second dressing is applied under antiseptic precautions and left until the wound heals. Should a high temperature be present, or pain in the wound complained of, the dressing must be opened, stitches removed, and the wound thoroughly washed out, the cotton being replaced. In case of failure to secure union primarily, irrigation by Salicyl water is to be practiced. Gangrenous flaps, after amputation, and greater compound fractures are treated by irrigation with Salicyl water, after Es-march's plan. Deep-seated abscesses of size should be opened at one or more dependent points and drainage tubes inserted, washing out with Salicyl water being practiced as long as the walls are non-adherent. Large superficial abscesses are laid open, the granulations scraped away, a drainage tube inserted, and compression made by Salicyl cotton or jute after thorough cleansing by flushing. A careful review of the elaborate tables of Thiersch shows that while in most instances the same brilliant results were obtained as under the Carbolic method, there are still many more cases of erysipelas than should be met with if that affection be dependent upon atmospheric germs.

Salicyl water should not be used to disinfect instruments on account of its action upon the metal; for this pur-

pose the Carbolic solution should be employed. The acid is somewhat irritating in odor, provoking coughing and sneezing when used in spray or in dry dressing, but can be depended upon as an efficient substitute for Carbolic or Thymic acid when deemed preferable. In some cases, e. g., where the seat of operation is in communication with the cavities of the body so that it is impossible to put and preserve the wound in an aseptic condition, where decomposition is already present, or the germs of malignant tumors are suspected to remain after excision, Chloride of Zinc, in the strength of forty grains to the ounce of water, may be advantageously employed. This agent may be applied directly to the diseased or injured tissues, and has the effect of arresting putrefactive change for forty-eight to seventy-two hours, when healthy granulations appear and union by second intention proceeds. The Chloride of Zinc is invaluable in operations about the face, jaws, or rectum, where the wound cavity cannot be closed antiseptically.

Boracic acid is exceedingly bland and unirritating and is particularly useful for application to superficial ulcers, where a layer of lint can be made to touch the entire surface. In the form of Boracic lint, I have found the acid very serviceable in several desperate cases of pruritus. The acid is only slightly soluble in cold water, but boiling water takes up one-third of its own weight. A piece of lint dipped in a boiling saturated solution absorbs about its own weight of the acid and on drying has an unctuous feel. The lint when used should be dipped in an aqueous solution and applied directly to the part. Besides the agents above mentioned, many others have been tried and reported upon, among these may be mentioned Chloral-hydrate, Terebene, Sulphur-

\* Salicyl jute.—To soak 2500 grammes of clean jute. Mix 75 grammes Salicylic acid.  
300 " Glycerine,  
4500 " Water,  
and raise temperature to 158°–176° F.



ous acid, Sulpho-carbolate of Zinc and Copper, but none of these can be said to merit the consideration due to Carbolic, Thymic or Salicylic acid. No one can fail to recognize the advantages of being able to venture upon a grave operation like amputation, the removal of a large tumor, herniotomy, etc., without the dread of suppuration and such evil consequences as sometimes result from it. But I am aware that it is not always possible for the practitioner to secure the necessary assistance for the performance of an operation by the antiseptic method. There can be no question that whenever an operation of any gravity is to be performed the method should be used, but many lesser operations can be made practically antiseptic without using all the details of Lister, and for that purpose I know of nothing which equals the very old remedy, Friar's Balsam, or Comp. Tincture Benzoin. I have used the Balsam in a considerable number of cases, and for minor operations and slight lacerations have found it an efficient, rough-and-ready dressing. In some heavier operations where I have had no opportunity of using the Lister method in full, I have had excellent results by carefully disinfecting the wounds with a 5 per cent solution of Carbolic acid, closing it with catgut or carbolized silk sutures and dressing with lint saturated with the Balsam. The Balsam and lint form an artificial scab, under which in many instances healing goes on by first intention. I should not recommend it for extensive wounds, although Mr. Thos. Bryant, of Guy's hospital, London, has reported good success with it in the treatment of wounds from ligation of arteries and in compound fractures.

The following cases will illustrate the value of the Balsam as a dressing:

*Case 1.* Mrs. M., aged sixty-eight.

Ovariectomy. Incision nine inches long, dressed with lint and Tr. Benz. Comp. Healed throughout without formation of a drop of pus.

*Case 2.* G. D., aged thirteen. Amputation through upper third of thigh, for railway injury. Dressed with lint and Balsam. No suppuration, except at exit of ligature.

*Case 3.* Jno. K., aged fifty-seven. Epithelioma of lip. Wound, after removal, dressed with lint and Balsam. No suppuration.

*Case 4.* Miss. H., aged twenty. Tumor of breast. Operation-wound healed without suppuration. Lint and Balsam dressing.

*Case 5.* J. S., aged fifty. Tumor of buttock. Incision five inches long. Dressed with lint and Balsam. No suppuration.

*Case 6.* Mrs. D., aged fifty-eight. Tumor of forearm, deep attachment to fascia and about tendon of biceps. Dressed operation wound with lint and Balsam. No suppuration.

*Case 7.* J. H., aged twenty-two. Sebaceous cyst of cheek. Size of hen's egg. Dressed wound with lint and Balsam. No suppuration.

*Case 8.* P. C., aged twenty-seven. Lipoma of cheek. Incision dressed with lint and Balsam. No suppuration.

*Case 9.* E. J., aged fourteen. Gun-shot wound of thigh. Tissues lacerated by copper shell to depth of three inches. Applied lint and Balsam. Healed with formation of only a few drops of pus. Entirely well on fifth day from injury.

*Case 10.* Jno. M., aged thirty-five. Traumatic aneurism of palmar arch. Laid aneurism open, applied torsion to both ends of artery and dressed wound with lint and Balsam. No suppuration.

In all these cases the wound was

thoroughly cleaned with Carbolic acid before the application of the lint and Balsam.

To sum up, we should lay down rules for treatment of wounds as follows:

Use Lister's method in detail wherever wounds are extensive or involve joints, or closed cavities of body, in compound fractures and dislocations, in resections, amputations, and large wounds from removal of tumors.

Check hæmorrhage by torsion, acupressure, or the carbolized catgut ligature cut short.

Use drainage tube wherever excessive secretion is to be expected, cutting off flush with skin.

Close wound by sutures of catgut or silk.

In slighter cases of injury or wound use Friar's balsam or Carbolic oil, (acid, one part; olive oil, six parts,) to form artificial scab.

Where large cavities are left after operation, apply compression by pads of Oakum, Salicyle or Carbolic cotton.

As long as patient is doing well, as shown by absence of irritation or fever, let wound alone.

In conclusion, I wish to say that some discussion has been published in the *Medical Record*, as to the first case of ovariectomy in which Lister's method was used in this country, the earliest there published being in January, 1876. In the winter of 1871-2, I applied (for Dr. W. Danforth,) the Lister method, in full detail, to two cases of ovariectomy, one successful, one fatal. In the spring of 1872, I applied the method to a case of amputation at the hip. No suppuration whatever took place from the operation-wound; the patient being discharged entirely well in two weeks from his admission to hospital.

## MEDICAL MEMORANDA.

### ITEMS OF INTEREST.

Dr. G. S. Barrows has removed from San Jose, Cal., to Seneca, Kan.

Dr. A. W. Woodward will deliver the Introductory address at the opening of the winter session of the Chicago homœopathic college.

Dr. H. B. Fellows, of Chicago, will occupy the chair of Physiology and Pathology of the Nervous System, in the Hahnemann college of this city, the coming term.

We call attention to the advertisement of Fleming & Talbot, of Philadelphia. For the past six months we have been using their No. 3 Faradic battery and we can say that it is the most convenient battery for general use that we have ever seen. Further, the current while it has great power, is yet of the most pleasant character. Several electricians have remarked this. The usefulness of this sort of battery, in practice, can hardly be over-estimated. It does hold and help inveterate cases, and a little thought will discover the homœopathicity of this agent in many conditions.

Butler's new work brings out this idea with a good deal of force. Those who wish to possess a fine battery will do well to communicate with Messrs. Flemming and Talbot, 814 Filbert street, Philadelphia, or Messrs. Sharp & Smith, 100 Randolph street, Chicago.

It may not be generally known in the west, that Messrs. Boericke & Tafel, of New York, have opened a pharmacy at No. 35 Clark street, Chicago. Such is the fact, however, and we are glad to welcome them to our city. The names, Boericke & Tafel, have been associated all over the world with homœopathic pharmacy and homœopathic publications. There are many advantages gained by dealing directly with this firm. First, an extensive wholesale trade insures fresh goods and a constant supply. Second, the newest remedies. Third, being publishers of much of our literature, they are always supplied and can furnish all publications on the shortest notice. Taking into account too, that this house is a most reliable one, we predict for them a successful experience in our city.

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## OCTOBER, 1878.

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VARIOUS THEORIES OF DOSE BASED UPON PRIMARY AND  
SECONDARY SYMPTOMS.

H. V. MILLER, M.D., SYRACUSE, N.Y.

Among the pathogenetic symptoms of drugs taken in large doses, Hahnemann observed that there appeared series more or less opposed to each other. Those appearing first in the order of time he distinguished as primary, and those appearing subsequently, being opposite in character, he distinguished as secondary symptoms. Yet he found that many symptoms, such as pains, eruptions, etc., did not admit of such classification. For a time he claimed that the primary symptoms only were significant in homœopathic therapeutics. For instance, among the primary effects of Opium, are sleep and constipation, while among the secondary effects of

this drug are insomnia and diarrhœa. Opium is prescribed allopathically to palliate its secondary effects, and homœopathically to cure its primary effects. But after a time Hahnemann abandoned this theory and was obliged to admit that both primary and secondary symptoms were to be considered in the selection of the curative remedy.

According to Lippe, some symptoms of drugs have been caused in common by every potency; some have been developed exclusively by the lower potencies, and others exclusively by the higher. He maintains that a low potency cannot cure symptoms produced only by the higher poten-

cies, but, on the other hand, that high potencies have often cured symptoms developed pathogenetically by low potencies though not as yet produced by the higher.

Hering and Allen testify that "all symptoms which arise in the provings of the higher potencies, are similar to the *later effects* of the lower potencies, or so-called stronger doses, and are unlike the first effects of strong doses." Hering's law of dose corresponds with these facts and is as follows: "Having chosen the remedy according to the symptoms of a case from the complete correspondence of the characteristics in disease and drug, we have only to consider whether the symptoms of the case generally have more resemblance to the earlier (primary) symptoms of the drug and then we give the lower potencies, or whether more resemblance to the later (secondary) effects—that is to the symptoms produced by the higher potency-provings—and then we give the higher." The curative potency, in either case, corresponds to that used in the proving—the low potencies being adapted to primary symptoms, and the high potencies to the secondary symptoms. Hence, in prescribing Opium for sleep and constipation, as primary symptoms of this drug, I judge that Hering would prefer the lower potencies. But for insomnia and diarrhœa, occurring as secondary symptoms, he would prescribe a high potency.

Dunham observes that "the terms *primary* and *secondary* are simply a

succession of symptoms, more or less opposed in character. But there is no opposite condition to any specified pain or subjective sensation, to parenchymatous deposits, to cutaneous eruptions, etc. Hence such classification is partial, confined to a moderate number of conceivable morbid phenomena. And symptoms apparently opposed (not including those of the agony) occurring in a drug proving, are *equally* available in the selection of a remedy." He claims that "there is no basis for the division of drug symptoms into primary and secondary, and it is impossible to deduce a law of dose based upon such division." In this last remark, Dunham refers to Hale's untenable theory of dose based upon primary and secondary symptoms, and constituting a clever compromise between allopathic and homœopathic doses. But Dunham concedes that there is probably some basis for Hering's law of dose.

The following is Dr. Hale's theory of dose: "When the primary symptoms of the case resemble the primary symptoms of the medicine selected, prescribe that medicine in the high attenuations. When the secondary symptoms of both drug and case correspond, the dose should consist of material quantities." The author of *New Remedies* makes no distinction between the pathogenetic symptoms of the crude drug and those of the various potencies. His posology is substantially the reverse of Hering's theory of dose, and is entirely different

from Hahnemann's. Dunham states that our eclectic's "premises consist of citations from allopathic writers, which seem to be statements based on observations of the action of drugs in large doses on the sick and based on theoretical deductions from these observations, and which certainly bear little or no resemblance to the pathogenesis of the *materia medica pura*." Also, "his allusions to treatment seem to me to be of a very generic character, based on assumptions of the pathological nature of the disease in question, and consisting of an application of drugs according to a vague and general resemblance of assumed pathological conditions." "In all this," he says, "I fail to see any allusion to, or any place for, the strict individualization of cases, which is the very essence of sound homœopathic treatment."

According to Hahnemann, insomnia and diarrhœa are secondary effects of Opium. Hence, when either of these conditions occur in disease as a secondary symptoms, our eclectic author of *New Remedies* would prescribe massive doses of this drug to stupefy the patient or to check the diarrhœa, at the same time very facetiously claim that he was a "progressive homœopathist." But Opium is indicated, pathogenetically, in insomnia with slow pulse and sleepiness, and in diarrhœa which is watery (or dark, fluid, frothy—especially if offensive) and involuntary. And it is an important remedy in chronic, almost unquerable, constipation, when the stool

is hard, dark-brown, (Bry.); when it consists of hard, round, black balls, or of small hard pieces, accomplished only by means of clysters. According to Hahnemann again, drowsiness and lassitude are secondary effects of strong doses of coffee. Hence, when these symptoms of a disorder occur secondarily, our great posologist would doubtless prescribe the massive dose to produce wakefulness and muscular tonicity. A homœopathist, however, would prescribe *Coffea*, high, for sleeplessness from over-excitement of body or mind, and for great nervous agitation and restlessness. Also for sleepiness with much yawning. The Doctor himself thus illustrates his great posological discovery: "Spasms are the primary effect of *Nux*, while paralysis is the secondary effect." He states that dilutions of this drug have cured spasms, but only allopathic doses of *Strychnia* have cured paralysis. Whether he prescribes *Nux* high for spasms or crude *Strychnine* for paralysis, he practices on the routine plan, without attempting to individualize his cases. Any standard work on *materia medica* will give specific indications for *Nux*, and various other remedies, both in spasms and in paralysis. And we find that when we prescribe according to such individualization, the matter of dose is comparatively of secondary importance.

In Allen's *Encyclopædia* we find in the pathogenesis of *Nux vom.* a multitude of spasmodic and convulsive symptoms, and but one case of



paralysis reported—a case of poisoning with death from apoplexy. Hence it is not very strange that we find Nux oftener indicated in spasms than in paralysis.

The Doctor further illustrates his posological theory by reference to Aconite. He claims that "the primary symptoms of Aconite correspond with the chilly stage of *all* fevers; while the secondary symptoms of this drug correspond with the hot stage of fever." Hence he prescribes a high dilution of this remedy in the chilly stage and a strong dose for the hot stage. Unfortunately, however, for his pet theory, it happens that the primary symptoms of Aconite do not correspond with the chilly stage of fevers, but in the pathogenesis they consist of a frequent alternation of hot and chilly sensations. The symptoms of restlessness, anxiety, etc., first suggested to Hahnemann the importance of Aconite as a febrile remedy. These characteristics are far more important than the order of recurrence of chills and heat.

The Doctor also refers to several other drugs as illustrations of his remarkable discovery. He states that the primary condition of an attack of intermittent fever is "*an era of good feeling*, a condition of exalted muscular and nervous tone and vigor, calling for a high potency of China!" But for the hot stage he gives a massive dose. When necessary to support a favorite theory it seems easy enough for the good doctor to draw upon his imagination for appropriate illustrations.

The Doctor has distinguished himself as a great *posologist*, and he seems to rival Brown-Sequard as a *pathologist*, though his pathology, like his posology appears to be purely theoretical. He illustrates his extensive knowledge of these two sciences by reference to an interesting case of hysteria in his own practice. He describes the fit as a remarkable "case of hyperæsthesia from joy and anxiety, in a young lady." Though previously strong and healthy, she had "alternate feelings of depression and exhilaration, with sinking and emptiness in the pit of the stomach," caused by the absence of her lover, a soldier in the army, who was supposed to be dead. Finally her lover suddenly and unexpectedly presented himself alive, but thin and pale. "Her heart already weakened and irritated by grief and anxiety, succumbed to the excessive stimulation of joy and cerebral congestion, throbbing temples, loud hysterical laughter followed by spasmodic weeping and a sensation as *though* (if) the heart were trying to beat painfully in a cage. The fit ended in nervous erethism which never left her." Ignatia highly cured. The Doctor deserves a long credit-mark for thus making one good cure. The symptoms of the case appear to have been characteristic of the remedy, whether or not it illustrates his theory of dose. The story is indeed very romantic and the figures of speech striking. In regard to the Doctor's rhetoric, the poor girl's heart might justly succumb to the excessive stimulation of joy, etc., but

it is rather a bold figure of speech to claim that it succumbed also to "the throbbing temples and to the loud hysterical laughter, followed by spasmodic weeping and a sensation as though (if) the heart were trying to beat painfully in a cage." One might suppose that her bursting heart should have found relief in such boisterous laughter, alternating with spasmodic weeping. If "the fit ended in nervous erethism," it must have ended about the same as it commenced.

But the most exciting portion of this romantic history, is the pathology of the case, which is so coolly de-

lineated under such trying circumstances. In musing upon this scientific branch of the subject, the Doctor found that the (hysteric) shock occasioned by the excessive and unexpected joy "was transmitted by the pneumogastric nerve to the heart. (Brown-Sequard will please take notice of this observation), which it caused to *palpitate violently* with increased force as well as frequency." He probably forgot that the inhibitory action of this nerve causes the heart to beat more slowly instead of more rapidly. But if pathology fails to illustrate his theories, so much the worse for pathology.

## CURE OF DROPSICAL ENLARGEMENT OF LEFT OVARY BY APIS.

GEORGE LEE, M.D., FREMONT, OHIO.

In his discussion of Apis, in the Manual of Pharmacodynamics, Dr. Hughes says, "I know of no certain evidence, however, to sustain the vague notion which seems to obtain of its power of curing ovarian dropsy."

Hering's Condensed Materia Medica credits to Apis, besides other ovarian symptoms, these: "Feeling of weight, heaviness in the ovarian region." "Right ovary enlarged." "Dropsy of the ovaries (right)."

In the fall of 1876, a German married woman, thirty-six years of age, called upon me for a prescription for a diarrhœa. I prescribed Ars. 3, in

accordance with the apparent symptoms. In about a week she returned to report a temporary check to the discharge, followed by worse diarrhœa than before. I prescribed Ars. 30. She remained away two weeks, at the expiration of which time she came to me again in much distress and alarm. Her diarrhœa was as bad as ever, and she stated further that she passed very little water, and that there was a lump in the left ovarian region. She was much emaciated and her countenance was anxious. She was so weak that she could stand upon her feet with difficulty, and complained of a

constant *feeling of weight and heaviness in the ovarian region*, left side, however.

I found the ovary as large as a regulation base-ball and a good deal heavier. By placing one hand upon the abdominal surface, and introducing two fingers of the other into the vagina, I could get quite an accurate idea of its size and weight.

I prescribed twenty-four powders of

the 3d trit. of Apis, directing her to take two powders a day. I also recommended a daily bath in strong brine and checked the diarrhœa.

The treatment promptly secured a copious flow of urine, the tumor rapidly diminished until it entirely disappeared. The woman regained strength and color, and as yet has had no return of the trouble.

## PARALYSIS OF THE CARDIAC RETARDATOR NERVES.—CURE BY LACHESIS 200.

E. M. HALE, M.D.

One of the most peculiar cases of what I believe to have been a condition of paralysis of the retardator nerves of the heart, recently came under my care. The patient was an old colored woman, aged about seventy. For *months* she had suffered from the following symptoms:

*Constant dyspnœa*, a sense of suffocation in the chest and cardiac region, uninfluenced by position, exercise, or any other cause. Pulse 160, feeble, small, and only occasionally intermitting. Heart's action of the same character, but no sign of any organic lesion. Great weakness of digestion; a mouthful of food or beverage would produce distress, burning and pain, until it was rejected by vomiting. No special mental symptom, except a belief that she could not get well. No anxiety about it.

Arsenicum was first thought of as

the proper remedy, but a comparison of the symptoms with Lachesis, together with the symptoms of such poisoning as observed by myself, and the well known paralyzing effects of the poison of the virus upon the nerves of the heart, led me to prescribe Lachesis.

There are many remedies, especially those belonging to the animal poisons, and the more violent metallic and vegetable poisons; also those which are in a crude state supposed to be inert, (like Silicea and Calc.), that I have always had good effects from in the high attenuations. Lachesis high, has never disappointed me when fully indicated.

In this case I prescribed Lachesis 200th, one dose, and a vial of blank pellets, to be taken, six every two hours. In forty-eight hours all the symptoms were greatly ameliorated,



and in a few days she was as well as she had been for years. She had been treated for this condition for

months, by physicians of *all* the medical schools without any benefit.

## PODOPHYLLUM AND JATROPHA CURCAS.—CASES FROM PRACTICE.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

[Reported by H. V. Miller, M.D., Syracuse, N. Y.]

The September meeting of this association was held in this city (Syracuse, N. Y.). The president, Dr. Hawley, called the meeting to order.

The secretary read the following report from Dr. T. Dwight Stow, of Fall River, Mass., which was accepted with thanks:

PODOPHYLLUM AND JATROPHA CUR.  
T. DWIGHT STOWE.

The above remedies are of great value in abdominal diseases. My own experience with them, particularly with Pod., has been in the treatment of colic and diarrhœa. Pod. seems to have a decided preference for the stomach, liver, and small intestines. It excites congestion and inflammation of those organs, with griping pains, nausea, vomiting, and diarrhœa.

The indications for Pod. in diarrhœa are: Yellow, sour, profuse, morning diarrhœa, with griping pain in stomach; greenish watery diarrhœa; profuse, watery stools, with loud gurgling, as of water; profuse, urgent stools, draining the intestines, but they soon fill up again.

The watery stools are painless. With the yellow and green stools there is much straining and prolapsus ani. In all well marked cases, particularly of profuse, urgent, watery, gushing, painless stools, it has never failed me. I have never used lower than the 30th power, but generally the 200th.

Jatropha curcas is another very important remedy in cholera morbus.

The grand indications are: Vomiting, with cramp in the abdomen; frequent, profuse, pale, watery, urgent stools; loud rumbling, as of water pouring from a bottle, abdomen flat, face pale, shriveled; great thirst for water or lemonade. Pod. generally has *tympanitic* abdomen and *sallow*, *YELLOW* face. I can testify to Jatropha's high curative power in cases marked by the above symptoms.

*Case 1.* Mrs. John M., aged thirty-four, blue eyed and dark-red hair, was confined six weeks ago. She sent for me the third day after confinement. She had high fever, thirst, restlessness, anxiety, tympanitic distension of the abdomen, with great sensitiveness to touch; pulse small,

frequent and string-like. Position on the back, knees drawn up, head and chest raised. Milk and lochia partly suppressed; lochia of dirty serum, and offensive. Aconite 200, every two hours, brought diaphoresis with increase of urine, marked diminution of pain, anxiety and thirst within twenty-four hours, and she steadily improved. Bell. 200, completed the treatment. Convalescence was speedy. A few days after, she sent for me again. I found her with very sore nipples, and an itching, burning, papular eruption, about the nipples, on the breasts, neck, chest, forehead, scalp and hair. The itching kept just ahead of the scratching, disappearing, and burning after, worse during perspiration. She had profuse perspiration over the anterior portion of the body, but *not* on the parts on which she lay. She was restless and sought new positions continually. Much better, after moving about sometime. Rhus tox. 200 gave immediate relief, and completely cured her.

CHOLERA INFANTUM.—JATROPHA  
CURCAS.

*Case 2.* August 25th was called to see an infant three weeks old. The child was always delicate, and the mother had an insufficient quantity of milk. When I was called he had been sick ten days. Had at first a bilious diarrhœa, with nausea, and vomiting of the milk and water taken. The vomit seemed half albuminous. On the day I was called the child's symptoms had become alarming. He was extremely emaciated, skin shriv-

elled, cold, and icterod. Now and then he vomited water and milk, but had frequent, profuse, thin, watery, gushing stools, "pouring away in a torrent," and wetting the diapers through. Each stool was preceded by loud rumbling, as of water poured from a bottle. He likewise had great thirst for water. Stools coming on soon after drinking. Gave *Jatropha curcas* 30th in aqueous solution. The first dose was partly retained, partly vomited, but he vomited no more. The child had but three diarrhœa stools, afterward, and improved rapidly; from a mere skeleton he, in some five days, recovered his *embonpoint*. Gave but two prescriptions of *Jatropha* and but two of *China* 200, following the *Jatropha*.

Much more might be written, setting forth the beauties and the science of homœopathy in the treatment of all diseases, but particularly the acute, for in the treatment of acute diseases homœopathy shows her truly marvelous powers.

Dr. Nash then reported the following clinical cases:

CASES FROM PRACTICE.

E. B. NASH.

STYES.—STAPHYSAGRIA.

*Case 1.* A little girl, aged three years, had eyelids ulcerated and covered with styes, nodosities, until they looked like a mass of corruption. Upon the face, also, were many sore places and ulcerated spots, seemingly caused by the poisonous matter coming in contact with the face. *Staph.* 200 cured perfectly in a very short time.

## PRURITUS VULVÆ IN PREGNANCY.

*Case 2.* A woman, middle-aged, perfectly well every other way, had this annoying disease. The eruption was vesicular and the itching was intolerable at night, in warmth of bed; could not sleep a moment any other way than by laying a cloth wet in cold water over the parts. Merc. sol. 6, relieved somewhat, for a short time, then failed. Helonias (which relieved one case for me, in which the night aggravation was not so marked) failed entirely. Then gave Merc. sol. 6000, which relieved and cured permanently in a very short time. Have used this remedy in several cases of long standing, in pregnant and non-pregnant cases, with remarkable success. High potencies succeed best.

## CHRONIC URETHRITIS.

*Case 3.* Widow, middle-age, dark complexion, hair and eyes. Had suffered a long time with painful urination. The greatest pain is experienced at the close and after urination. The parts have become so sore that she can hardly walk. Her allopathic physician has failed to relieve her, and abandoned the case, saying she would wear it out after a while if she kept quiet. Cantharis accomplished nothing, but Sarsaparilla 200 cured promptly and permanently.

## URINARY TENESMUS.

*Case 4.* Little boy, aged six years, has for over a year been troubled with frequent desire to urinate. No pain on passing but has to pass it often, day and night, it presses him so. Very little passed at a time. Tried

many remedies without relief. Finally gave Sarsaparilla 200, which cured.

## ANTIMONIUM CRUDUM AND TART.

I have found Ant. crud. an excellent remedy in remittent fever of children with following symptoms: child delirious; drowsy, with nausea; hot and red face, tongue very white and great thirst, especially at night; does not like to be bathed; is fretful and peevish; don't want to be touched or looked at. It cures toothache in decayed teeth when the pain is worse at night. Have cured pain in stomach with nausea, after overloading the stomach.

The white coated tongue and thirst at night are characteristic.

It is a grand remedy for rheumatism in the feet, when the soles of the feet are so sensitive the patient can hardly step upon them. I have seen two very obstinate cases of this disease cured very promptly with this remedy, where this characteristic soreness of soles was present.

This is what I know from personal experience of this remedy. With Tartar emetic I once cured a case of very severe cholera morbus. Symptoms exactly as given by Lippe, page 674, vomiting of food with great effort, followed by debility, chilliness and sleepiness.

I once cured a very obstinate intermittent fever with Ant. tart. Symptoms, short chill, long heat with great somnolency and pale face.

## SILICEA IN CHOLERA INFANTUM.

I wish to call attention to the brilliant curative powers of Silicea in cholera infantum or infantile diarrhoea.



I believe this remedy for this affection is not generally appreciated. It is not among the remedies named for these affections by Guernsey, Jahr, or Bær, but is by Bell and Johnson. It is certainly one of the most effectual remedies in my hands. I have cured several desperate cases after the failure of the many excellent remedies we have for these affections. Indications are: Failure of other remedies; child very much emaciated by long continuance of the diarrhœa; the power of assimilation seems almost entirely suspended; the child will nurse or take large quantities of food, but it passes through in an undigested condition, and it grows emaciated all the time, notwithstanding the quantities taken. This may alternate with loss of appetite and vomiting of everything taken. The head sweats in spite of Calc.; sometimes cold; head often cold, relieved by wrapping up. There is often, also, cold sweat upon the feet and legs (not always). The stools are liquid, slimy, frothy, or mucus, and generally fetid. Bell says, "It is one of our most powerful and deep-acting remedies, producing radical changes in the whole constitution, and overcoming fundamental psoric derangements." I use the 200th or 6000th.

DYSPEPSIA, LYCOPODIUM.—RHEUMATISM, BERBERIS.

*Case 5.* M. M., aged thirty-four. Has suffered for years with indigestion, chronic gastritis or dyspepsia. Great distress from one to three hours after eating; much acidity, heartburn, and eructations of wind; feels hungry, but

a little food fills him up and distresses him; bowels constipated, passages small and unsatisfactory; much palpitation of the heart after meals, says he knows he has heart disease. Usual weight, 205 pounds, now reduced to 144 pounds. Looks pale and is very much discouraged. Has used many Patent medicines and allopathic nostrums and is growing worse all the time. Under Lycopodium he has very much improved, and is still improving. Has taken it once a week in potencies from the 200th to 6000th. Last January was attacked with severe rheumatism of the knee. Great swelling, pain and stiffness, could not raise his foot high enough to walk on rough ground, would catch his toe and fall. Also has much pain, soreness and tenderness in back in region of kidneys. The water is very slow to flow and there is much pain and pressure in the region of the bladder in front. This condition of the urinary organs preceded the attack of rheumatism some time. The sensitiveness in region of kidneys was so great that any jarring motion, as riding in a wagon or jumping from the same, was intolerable. After riding had much pain and great sense of weakness and trembling in region of kidneys that took him a long time to get over, sometimes days. I gave him several remedies for the rheumatic knee, such as Arnica, Bryonia, Rhus, Sulphur and Kali bich., and perhaps others which I do not remember. He got no relief, but rather continued to grow worse. The knee was now twice the size of the other

and very stiff, sore and painful. I was discouraged and so was he. I told him that I feared that he would always have a stiff knee. His face was also troubling him very much, and on account of his bitter complaints of his back, one day, my mind was called to Berberis. On referring to Allen I found a very close correspondence between back symptoms and Berberis. Prescribed it. In two days the urine passed more freely, the pain in bladder vanished, the pain in knee ceased, and in one month the swelling had very much diminished and continued so to do until it was cured, and is now as perfect as the other knee. The dyspeptic symptoms are much ameliorated and under an occasional dose of Lyc. he improves all the time.

Dr. Seward reported a fatal case of poisoning by Tartar emetic, given allopathically as an emetic. There was marked intermission of the respirations but no emesis. In another case there was severe pain in both hypochondria and a sensation as if the patient were girt tightly around the body, continuing a year or more after taking a large dose of Tartar emetic as an emetic. In another fatal case the dose was followed by severe pain in stomach and watery vomiting. In still another fatal case there was violent hæmorrhage from the bowels in typhoid fever, attended with great agony in the stomach.

Dr. L. B. Wells reported a mild case of scarlatina treated allopathically with Tartar emetic, resulting in a sudden suppression of the eruption,

watery diarrhœa, convulsions and death.

Dr. Loomis reported a case of annoying buzzing in the ears occurring in old age and apparently hereditary, cured by Ant. crud.

Dr. Brewster reported a case of asthma of an old lady, with great dyspnœa on ascending an eminence, cured by Ant. crud. (Allen gives as pathogenetic of this remedy: dyspnoea and asthma, aggravated after supper.—*M.*)

Dr. Wells reported a case of nausea, felt low down in abdomen, cured by Ant. tart. He said this remedy was also indicated when nausea and vomiting were followed by stupor.

Dr. Nash, with Ant. tart., had cured a case of severe croup, with much rattling of mucus in the chest. He also successfully used this remedy in pneumonia with same indication.

Dr. Brewster said that the cough of Ant. tart., in the first stage of pneumonia, was not necessarily loose and rattling. [Hering gives the following among other cough symptoms,—“coughing and gaping consecutively, cough without expectoration.”—*M.*]

Dr. Brewster reported a case of a lady apparently dead four days remaining motionless and breathless. The skin was not cold and there was no rigidity indicative of spasms. Dr. Pierson then successfully treated the case with Ant. crud.

Dr. Miller suggested that the case might have been catalepsy.

Dr. Wells could not see the adaptation of the remedy to the case.

Dr. Nash thought that Antim. tart. would have been more appropriate.

A paper was read and accepted from Dr. T. L. Brown, on Medical Combinations.

Dr. Nash, of the committee on homœopathy, appointed at last meeting, reported recommending the republication, by the society, of a paper by Dr. P. P. Wells entitled, "What is Homœopathy?" Report accepted. It was decided to republish this article by individual subscription for circulation

among the people. Over two thousand copies were subscribed for.

Dr. Greenleaf then delivered an able and discriminating address on the present status of homœopathy, in which he delineated the various classes of physicians who represent, or pretend to represent, this system of medicine. He showed that the pretenders brought discredit upon this system. A vote of thanks was unanimously passed for the doctor's excellent address.

Adjourned to Dec. 19th.

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### EXPANDING BIVALVE SPECULUM.

Dr. E. M. Hale, in his new work on the Diseases of Women Causing Sterility, etc., just published by Boericke & Tafel, gives the following description of his new and valuable speculum. In his describing the treatment of *abnormal shapes of the os and cervix*, he says:

"In performing these operations on the os and cervix, there have been but two specula which could be used with convenience, viz, Sims' and Jackson's. Sims' instrument, or rather combination of instruments, require an assistant in all cases where the operator has to use both hands. Jackson's is a great improvement on all other valvular specula, because the valves can be separated throughout their whole length.

I have, however, designed an instrument much lighter and more convenient than Jackson's. I here present a cut of this speculum, of which the following is a description.

The blades are both *shorter* (it is

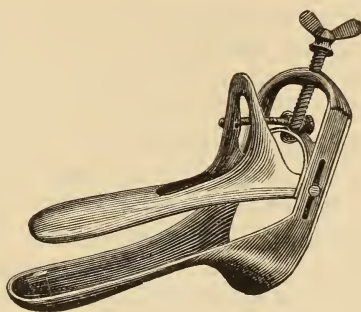
rare that blades are needed of such length as in Jackson's). The blades are concavo-convex; the upper blade is slit—giving a long opening through which the urethral orifice can be seen, and any operation on the urethra or meatus performed. The upper blade, which comes under the pubes, is elevated by two methods—one by applying the finger to the extension which projects upward from its base, elevating the inner termination as in Storer's, and all other bivalves; the other by means of a screw, which separates the upper blade through its whole length from the lower or longer blade. This last, gives it the quality of Sims' speculum, viz., a wide opening through which almost any operation on the uterus can be performed without the aid of an assistant.

The small screw, which is attached to the upper blade, and projects through the lower arch, is used to fix the upper blade in position after its inner extremity has been elevated. In vaginismus, or small vaginas, the long screw which enlarges the open-



ing between the two blades at their outer extremities, can rarely be used without causing pain. But in cases where it is necessary to do so, it is much more powerful than Sims', and can be left *en situ*, while both hands are otherwise engaged. This speculum can be introduced in the dorsal, or lateral position. I generally use it with the woman on her back and the legs strongly flexed; although I frequently find it more convenient to use it in Sims' position, on the left side.

The following excellent cut shows the mechanism of the instrument very plainly.



There should be a small hook projecting from the inside of the upper blade, to which a tenaculum can be attached, but it could not be represented in this cut."

## TWO CASES OF ENDOMETRITIS.

J. A. WAKEMAN, M.D., CENTRALIA, ILL.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

In compliance with a request from my esteemed friend, Dr. E. W. Beebe, of Evansville, Wis., to whom I owe much for valuable information in relation to the more successful treatment of this painful affection, from which so many unfortunate women suffer, either in the form of cervical or corporeal endometritis, or both forms combined, I wish to add my testimony in favor of the medicated cloth tents, which I have most successfully used in several cases, it being only four or five months since I first applied them.

I will only mention two cases, but might extend the paper. The cases are so clear, and one of them of such

a grave character, that they are deemed sufficient.

### CASE I.

A lady, for the past eight years a widow, aged thirty-six, mother of four children, all deceased but one, nervous-sanguine temperament, of exemplary habits, suffered with leucorrhœa for many years, and for several years has had dysmenorrhœa, premature and excessive menstruation, was sick a week before the flow came on, which continued for six or seven days, and it would require at least a week to rally from its consequent debility.

Two years since, she was prostrated after a rough buggy ride, and for six months following was a great sufferer

from cervical endometritis, with quite extensive ulceration of the lips and cervical canal, and falling into the hands of a homœopathic physician who was much in favor of the topical use of Nitrate of Silver in such cases, it was freely used, and after two months of great suffering, was very little or no better than when the Cauterizing course was commenced.

At this time the case came under my care, when absolute rest in a horizontal position was enjoined, which, with medication, and the use of castile soap-suds injections, in six months so far relieved the patient that she was up and about the house most of the time, but still suffered with leucorrhœa and dysmenorrhœa, pain and soreness in the ovarian region, gastric derangements, backache and headache, etc.

Continuing to improve, in June and July last, a journey by rail of a thousand miles was performed, and on arriving at Milwaukee, she was again prostrated with an attack, in all respects much worse than the previous one; was taken to Chicago, a counsel of three eminent physicians was called, who, after a most thorough examination, with the patient under the influence of Chloric Ether, pronounced it a case of epithelioma. I was present at the council and modestly dissented from this conclusion.

That the conditions present in this case were such as to readily mislead the most expert diagnostician, any one will readily perceive; uterus much inflamed and at least three times its

natural size, lying obliquely across the pelvis, fundus to the right, prolapsed, firmly fixed, extensive ulceration of the os and cervical canal, lips hard, uneven, and nodulated, and a fissure in the left portion of the anterior lip, with a muco-purulent discharge from the cervix often streaked with blood, with alarming hæmorrhages at her catamenial periods, and sometimes during the interval, gastric, urinary, and bowel troubles. All the cervix and as much of the body of the organ as could be seen with the speculum presented a bright-red appearance, and most exceedingly tender to the touch. For six months the best treatment that I could use, assisted by the suggestions of others, conjoined with local applications of Glycerine, *Pinus canadensis*, *Cosmoline*, and *Muriate of Hydrastis*, availed but little; still pain in the back, bowels, hips, thighs, and head, with tympanitic and tender abdomen, exhausting leucorrhœa and a low form of irritative fever, with a pulse seldom below 100, left but little to hope for.

Seeing an article in the *HOMŒOPATHIST* for November, 1877, from the pen of Dr. Beebe, upon the use of the medicated cloth tent, I at once opened a correspondence with him, and received several tents with more explicit directions. I at once inserted a tent saturated with strong Tinct. of Iodine, and was as much surprised as delighted to find my patient, the day following, more comfortable than for the six months previous, and after using eight or ten, at four days inter-

val, is about well in every particular.

#### CASE II.

This is a case of cervical endometritis, of some two years standing, so bad as to render the horizontal position necessary a great part of the time but presenting no unusual symptoms, with ulceration of the posterior lip, extending into the os and cervix, and much pain in left ovarian region.

Immediate improvement followed the application of the tent, which has

been inserted every fourth day, and the patient is now rapidly regaining her health, and doubtless will soon be well.

Thus far no evil has resulted from the use of the tents, and I am satisfied that I should have lost case No. 1, but for the timely use of it. Nor could I be induced, again, to treat these cases, and feel that I was doing my whole duty to my suffering patient, without the medicated tent.

## HOMŒOPATHIC TINCTURES *VERSUS* FLUID EXTRACTS.

S. J. MARTIN, M.D., RACINE, WIS

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

I am often vexed by the carelessness of homœopathic physicians in regard to the quality of the medicines which they dispense.

The genius of homœopathy demands the strictest cleanliness and purity in the preparation and dispensing of remedies. Medicines prescribed according to the law of similars require to be administered in reduced doses, and as a natural consequence must be made more free from foreign medicinal substances. If an attenuated medicine can affect a diseased organism it follows that attenuated impurity may modify the action of the remedy. Moreover, neatness and cleanliness exert, not only physical but a moral effect upon the sick, and there is no doubt that the preference for homœopathic medi-

cines among the intelligent and cultivated classes is to some extent due to æsthetic causes. Homœopathic physicians are bound to observe scrupulous cleanliness as well as the exact method which Hahnemann prescribed. The manufacturers of fluid extracts are subject to no law, except those of pecuniary profits. Their chief end is to sell the largest quantity of the cheapest medicines at the highest price.

Homœopathic tinctures must be made from the fresh materials, in clean vessels, in a pure state, with pure alcohol and pure water, in the proper proportions, and therefore represent the substances which they claim to represent.

The fluid extracts are made from dried materials, in most cases, acci-



dentally mixed with foreign substances; they are prepared in metallic or wooden vessels which have been previously used for making other extracts, ground in mills which have been previously used for grinding other medicinal substances, mixed with impure alcohol and impure water not in the proper proportions. The result is a cheap preparation, which does not represent the substances which it claims to represent.

To my personal knowledge many of the fluid extracts are comparatively if not quite inert. They do not, because they cannot, represent the curative properties of the substances from which they are made.

The active principles, resins and

oils of many vegetable substances, are insoluble in water.

Any one who will compare the fluid extracts of Gelsemium, Cimicifuga, Grindelia, Xanthoxylum, etc., with the tinctures of those drugs, will be satisfied of the superior strength of the tinctures.

The success of our practice depends no less upon the genuineness, the purity, and the strength of our remedies, than upon the accuracy of our prescriptions. It behooves us then to trust only intelligent, skillful and honest pharmacutists, who will not vary in any essential particular from the principles and precepts of homœopathy.

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## THE CAUSE OF THE EXCESSIVE NUMBER OF STILL-BIRTHS.

R. MARTIN, M.D., MILWAUKEE, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

The subject to which your attention is invited is one that daily calls louder for a remedy. It is this: *The rapidly increasing number of still-births!* What is the cause, and what is the remedy?

The first great cause is incompetent attendants. Some midwives are thoroughly competent, but the majority are totally unfit for the position they assume. There are not more than eighteen or twenty women in Milwaukee who make midwifery a business, but the Lord only knows how many, not making it a busi-

ness, still take every opportunity to practice.

We have nearly one hundred physicians in practice in this city. The records show that during the past year there have been reported 158 still-births, and of this large number only 60 were reported by physicians, leaving 98 to the credit of midwives. Dr. DeWolf, health commissioner of Chicago, in reply to a letter of inquiry addressed to him a short time ago on this subject, says: "At present all women may become midwives in this city if they choose. The state board

of health is at work investigating the question of competency, and will secure proper legislation next year; so we hope. They are, as a class, a disgrace to our civilization."

So Milwaukee is not the only place that is so cursed, if there is any consolation in that thought.

There surely should be some remedy to prevent this great loss of life; legislation is perhaps the most effective, not that the midwives should be forbidden to practice, but that they show themselves competent to discharge those duties that involve human life. The physician, before he begins the practice of his profession, must be examined in the different branches he designs to follow, and surely it is not asking too much if the midwives qualify in their department. It is hoped that this society will take such action as shall secure the needed remedy.

In the above no notice has been taken of the so-called *premature births*—thirty-three in number—of which the physicians report thirteen, while the midwives or coroner report twenty.

There is yet another class which number not a few, whose term of existence is measured only by minutes, usually from three to sixty. The cause assigned is generally "weakness," when it should rather have been, *incapentency of the attendant*.

Our fair city takes the first rank in infant mortality, more than one-third of all deaths occurring previous to the age of five years. Is there no means at hand to lessen this large list? It is hoped that these figures may stimulate some to anxious inquiry and investigation, that permanent good may accrue to those around us, and that the profession may stand more as the conservators of the public health than they do at present.

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## THE USE OF ELECTRICITY AS A REMEDIAL AGENT.

E. S. DONALDSON, M.D., WAUPACA, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

The science of electro-therapeutics is not sufficiently understood and appreciated by our profession. The use of electricity, as a remedial agent, is of great value, in very many cases; and should not be neglected, when, by its proper application, disease can be arrested, and human suffering alleviated.

The application of electricity in diseased conditions is analagous to the homœopathic administration of remedies.

The law of *similia*, which to-day places our school of medicine in the front rank of progress, is clearly demonstrated in the effect of this hidden power of the world on the human

system; therefore, *we* should be the best qualified to use it as one of our most potent remedies. Many empirics use it as they do pills—for everything that it is supposed to cure, without regard to the quantity or quality of the current employed, or reference to which pole of the battery is applied—only so that a shock is produced—and many people have been so tortured in that way that it is often difficult to persuade them to have anything to do with electricity. There is a force which keeps the minute molecules of matter that compose the fluids and solids of the body in equalized condition, which is health. We will call that force, electrical attraction.

In treating disease by the use of electricity, we recognize two conditions: either the part or organ affected is positive or negative to the other parts of the body, or, to explain further, there are molecules in the tissue that do not sustain a proper polarity to each other, which interfere with the action of the part, producing the pathological condition. You use the electrical current and transpose or change the relative position of those molecules, and the affected part resumes its normal functions; relief from pain in acute and inflammatory conditions, and a restored action in the paralytic state is the immediate result. In purely nervous diseases the galvanic current is indicated; in muscular and some organic diseases, electro-magnetic. By the application of a force as silent in its action as our

potentized remedies, we equalize the condition and assist nature to throw off pathological states.

The statements can be best illustrated and verified by a few cases from practice.

#### CASE I.

Aug. 27, 1877, I was called to the hotel to see a man, aged eighty, who had come sixty miles to consult me. Found him suffering with hemiplegia. In June, 1877, he had a shock which rendered him speechless for several days, and he was fed with a spoon for sometime. He had recovered so he could walk with the aid of a cane and talk or mumble so as to be understood a little, but could not put his tongue beyond the margin of the lips; would walk to the right, spit to the right, and when eating, his food would often roll from his mouth, and he would drop his knife and fork. I treated him with Palmer's electro-galvanic generator. Placing on the tongue a tin disk, made for the purpose, and attached to the anode, (positive) pole of the battery and with the metallic fork connected with the cathode (negative) pole, treated the neck and submaxillary region for five minutes; he could protrude his tongue and speak better immediately. I also treated the right arm by applying the positive to the hand and the negative between the shoulders or the spine, for five minutes; he could walk better and eat more naturally, after this treatment, as I had opportunity to see for myself as I boarded at the hotel at the time. Gave him two more treat-



ments, twelve hours apart, when he was so much improved, he returned home. I afterwards bought another Palmer battery and sent it to an assistant who lived in the same town, the patient received six more treatments, and then was as well as before the attack, excepting a slight difficulty of speaking, and has had no return of the paralysis to the present time.

## CASE II.

A gentleman who had had congestion of the lungs several times, photographer artist, took a severe cold. He breathed with great difficulty; coughing or hacking constantly, causing severe pain in the lungs. I was called to see him at 6 P. M. I used Palmer's galvanic generator, the patient holding the tin disk of the positive in the hand while I treated the throat and bronchi with the metallic brush attached to the negative pole, for five minutes, which gave some relief immediately. I also left Aconite 2x, to be given every half hour. I called again at 9 P. M., he breathed easier, coughed very little, but declared he should not sleep a wink, was very nervous and restless. I used the same battery, placing the anode electrode on the top of the head and the cathode electrode at the soles of the feet, for ten minutes. While I was treating him he went to sleep and rested well the most of the night, and was able to sit up the following day. In a few days was usually well.

## CASE III.

Aug. 8, 1877, I was called to see

Mr. B., found him suffering from sciatica in left leg. The pain was most severe from 6 P. M. till morning. I treated him with Kidder's electromagnetic battery, first placing the negative electrode D, at the base of the spine, treating down the spine with the positive, A, for ten minutes, then placing the foot of the limb affected in warm salt-water, with the negative treated down the limb for fifteen minutes, and left Aconite 2x, to be given every hour.

Aug. 9.—Found him about the same, he was easier for two hours after the treatment. Continued Aconite. At 8 P. M. gave another electrical treatment, as before, using a very mild current, and in treating the leg used a cord one-half longer attached to the negative pole of the battery, as he complained that his foot was left full of pain after the previous treatment. The use of the long cord was suggested to me by Dr. J. O. Scott, a dentist, of Waupaca, who has studied and experimented quite extensively with electricity as a therapeutic agent. The long cord is used to place the extremity to be treated on the negative side of the circle which would be formed by treating down to the foot with the positive, while the foot being in direct contact with the negative, a complete circle is formed for the electrical current without the pain being removed. He experienced much relief from the application and rested much better during the night, the pain not coming on until several hours later than usual. I continued

to treat the case daily in like manner, with steady improvement for seven days, when he was entirely relieved of severe pain, although there was some muscular lameness and the leg had wasted to one quarter its natural size.

The patient has had no return of the disease to this time.

#### CASE IV.

A boy aged thirteen, was brought to my office the 21st of April, 1878, suffering from facial paralysis, right side. I treated him with Kidder's electro-magnetic battery. The patient holding the positive, A, electrode in both hands, while I held the negative in my left hand, and with my right rubbed the back of the neck five minutes, then rubbed lightly the side of the face affected, passing the hand from the side of the nose and corner of the mouth back to the ear, five minutes, then rubbed the neck and upper part of the breast five minutes. He reported on the 23d, improved. Repeated the treatment, also gave Aconite 2x, one drop every two hours, as he complained of some pain in head.

August 26.—Nearly well. Gave another treatment, in a few days he had entirely recovered.

For the benefit of those who may think that Aconite and other remedies might have performed the cure alone, as well, I will state that I have had two cases of facial paralysis where I could not have opportunity to use a battery, and although I succeeded in

relieving the patient, the time required was as many weeks as days in the case above reported, and all the cases were prescribed for soon after the attack occurred.

In catarrh I have found the electro-galvanic current the best, having treated many cases of catarrhal headache with immediate relief.

Wrap the wire of the anode conductor with a cloth or paper wet in salt water, and introduce in the nose, and treat over the nose and frontal region with the metallic brush, cathode, for five minutes, repeated every day or two.

Kidder's electro-magnetic battery can be used in the treatment of catarrh and headaches, by placing the negative electrode at the base of the spine, of the patient, and the positive between shoulders of the operator, then make passes with the hands slowly with a light current A, C, or B, C, from the forehead to the back of the neck over the head for ten minutes. For cases where there is obstruction of the nasal passages keep one hand on the occiput and pass the other down over the forehead, then apply the forefinger and thumb to the nose between the eyes for three minutes. After each treatment of the head always pass the positive electrode down the spine for a few minutes.

Electro-therapeutics includes a much larger sphere of action than covered by these general remarks or cases from practice.

## SOLE-LEATHER AS A SPLINT FOR ACCIDENTS TO THE JOINTS.

L. A. BISHOP, M.D. FOND DU LAC, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

For the perfect apposition and support of injured joints a number of articles have justly found favor with the advanced minds of the profession, such as wood, tin, zinc, rubber, sole-leather, felt, binders-board, paste-board, glue, starch, plaster of Paris, isinglass, etc. This subject of dressings for injured joints being a very extensive one, too much so, in fact, for one paper, I have therefore concluded to divide it, and treat at this time only of one form of dressing, namely, that of sole-leather. Not that I deem it superior to all others, but that I do consider it applicable to a greater number of cases than any one other dressing with which I am familiar, and that it has many qualities which should recommend it to our favorable consideration in cases where a lotion is not desired to be used. I will here say that as a rule it is best either to discontinue your splints or else your lotions; for a lotion applied in conjunction with a splint has a tendency to heat, ferment, irritate, and excoriate the surface, rather than aid restoration. If you *must* apply a lotion you will find the majority of cases to do best by first applying the lotion and then the splint, rather than both in conjunction, and, further, that internal remedies will do all, or very nearly

as much, and many times more, than local medication.

Among the reasons why this dressing should be favorably considered by the surgeon may be enumerated the following:

1. Ease of access. There is not a physician present but lives and practises in the immediate vicinity of some shoe-shop where this article can always be procured.

2. Cleanliness. When trimmed and ready for use it is as neat and clean as any dressing can be.

3. Cheapness. A pair of splints cut out and trimmed to any desired width and size can be had almost anywhere at a cost not to exceed twenty-five cents.

4. Ease of application. But a moment's immersion in a dish of cold water is all that is necessary to render it soft, pliable, and readily moulded into any desired form, in which it is secured in whatever position desired by neatly adjusted bandages; the heat of the surface to which it is applied rapidly dries it, thereby allowing the surgeon ample opportunity to mould the injured member into a correct uniformity as the dressing dries; as soon as it becomes dry it acquires a degree of hardness and firmness only surpassed by metallic substances.



5. The ease with which the shape of the dressing can be changed, if at any time the surgeon wishes to relieve a certain part, or increase pressure or support of another, by either moistening the part of the splint he wishes to change or by trimming down with an ordinary pocket knife.

With your indulgence I will relate a few cases from practice in which I made use of the dressing, thereby showing its application and the results.

CASE I.

Eddie G., aged eight years, while playing ball with another boy fell and struck his right shoulder on the frozen ground. He complained of much pain. The mother called in a neighboring old lady whose skill and judgment was greatly revered throughout that neighborhood, who gratified the mother with the information that it was only a slight bruise or sprain and that by applying a little wormwood and vinegar it would soon be well. Ten days afterward they called at my office and I elicited the foregoing information, at which time I also learned from the boy that he fell to the side and backward, striking the point of the shoulder on the ground. I found the shoulder much lower than the other, much swollen, and very sensitive. There was inability to place the hand on the opposite shoulder while the elbow was against the side—in fact all the symptoms of a dislocation. From the fullness in front of the joint, together with the symptoms enumerated, I diagnosed it a subcoracoid dislocation of the humerus, the shoulder being too

much swollen to ascertain positively whether any complication existed or not. I set the shoulder without much difficulty, bandaged the arm firmly by the side, the forearm at a right angle to the arm, and gave Arnica internally. On calling again in two days found the shoulder in the same condition as before, with less swelling. Suspecting some severe complication I administered Chloroform and very carefully examined the patient; found very slight crepitus, a part of the head of the humerus remaining in the glenoid cavity. Diagnosed it this time, separation of the upper epiphysis of the humerus with subcoracoid dislocation. Set it as before, using a sole-leather shoulder splint, made to set as a cap over the shoulder, coming down on the outside of the arm to the elbow; in addition using a dressing quite similar to Fox's apparatus for fractured clavicle. I saw the case again in a few days, found partial dislocation. Called in Drs. Patchen, Dorris, and Grey, of our city, and again examined the case under Chloroform, all the above physicians confirming my former diagnosis and treatment. The apparatus was re-adjusted as before, with the addition of an inside splint of sole-leather, cut out at the axilla, allowing the anterior portion to run up in front of the joint and under the cap over the shoulder, applying a firm compress over the place at which the dislocation occurred. Elevated the shoulder and bandaged it firmly in that position, examining the case repeatedly. No further trouble; removed

the dressing at the end of a month from last resetting. Shoulder somewhat ankylosed and lower than the other, head of humerus somewhat larger. Case continued to improve until I lost sight of it by the family removing to Kansas. Have since received a letter from the mother saying that the shoulder was just as good as the other, just as useful, ankylosis wholly disappeared, can now scarcely tell which shoulder was injured. This is recognized by all surgeons as one of the most rare, as well as most difficult, class of cases to treat.

## CASE II.

A girl, four years old, fell from an elevated side-walk. Saw the case in a couple of hours, found the right elbow much swollen and very painful, with inability to move the joint. Administered Chloroform and found a fracture of the humerus at the base of the condyles. Dressed the arm temporarily with short longitudinal wood splints, as the best I could then do, placing the arm in a sling until the following morning, when I found swelling much increased and covered with large blisters filled with a yellowish water, punctured them, removed the temporary dressing and applied anterior and posterior sole-leather splints, extending from the shoulder to the hand, so trimmed as very nearly to completely encircle the joint, bringing the forearm to nearly a right angle with the arm midway between pronation and supination, moulding the dressing very closely about the joint while drying. Gave Aconite 3, and

Arnica 3, internally. As the swelling subsided tightened the bandages from time to time. Removed the anterior splint at the end of two weeks; the posterior at the end of four weeks, at which time there was some muscular ankylosis, which soon subsided, leaving the arm as smooth and nice as before, aside from a slight thickening over the seat of fracture, which has been wholly absorbed.

## CASE III.

A feeble old lady, aged sixty-five years, while taking her first ride after a protracted illness, was thrown violently forward on to the tongue and eveners of the heavy farm wagon in which she was riding, by the team running away; in which position she was bounced about for some distance, until the team running over a stone wall threw her off, and the wagon passed over her. This occurred late in the afternoon, but owing to the distance (it being some eight miles away) I did not see her until along in the night. Found her much bruised from her head to her feet, and, strange to say, but one bone fractured; namely, the ulna, at its upper third and just below the elbow joint; no dislocations. Whether this fracture was produced by the fall or by the wagon passing over her, could not ascertain, but from the like bruising of the other elbow should conclude it was from the former cause. Dressed the Case with sole-leather splints, similar to case 2; applied, anteriorly, a firm compress over upper fragment, and also between the fractured ends of the ulna and

radius, to prevent bony ankylosis. Gave Arnica tincture internally for a few days, then Calc. phos. 3 to favor osseous union. Case progressed finely. Much better than I could expect from the condition our patient was in at the time of the accident. At the end of six weeks found perfect union with full power to rotate and supinate the forearm, the elbow joint being not at all impaired. Every time I saw this case, after the first two weeks, made passive motion of the joint.

## CASE IV.

Girl, aged nine years, fell from the roof of a wood-shed. I saw the case some four hours afterward and found right elbow much swollen and very sensitive, some deformity, crepitus just above the elbow joint. Diagnosed the case a fracture of the humerus at the base of the condyles, the lower fragment being freely movable on the other. The nature of the case being very plain, treated the same as Case 2. Result—perfect union and an unimpaired joint.

## CASE V.

Dec. 22, 1877, Wesley C., aged thirty-five years, grocer, while unloading a hogshead of sugar from a dray by sliding it down a plank received a fracture of the humerus at the base of the condyles, complicated with fracture between the condyles, extending into the joint, the olecranon process having been driven up through between the condyles. A cut of a similar case can be seen on page 250 of the third edition of Hamilton on Fractures and Dislocations. The joint

literally felt like a number of irregular stones in a bag, it being so readily movable and so badly fractured. Realizing the great danger, not only to the joint, but also to the patient's life, we concluded to dress it immediately, readjusting the fragments as perfectly as possible, and await the result. Applied thick sole-leather, anterior and posterior, splints, previously thickly padded with cotton, as in Cases 2, 3 and 4, extending from the shoulder to the fingers. Bandaged the arm the whole length, outside of the splints, especially tight and firm about the joint, causing the splints to press laterally upon the fragments with much force, not allowing the slightest chance for their displacement, bringing the forearm to nearly a right angle with the arm midway between pronation and supination, carefully pressing the joint into a perfect position as the dressing hardened. Gave Arnica tincture in water every hour. Allowed the patient the liberty of the house unrestrained. Expecting swelling from the tight bandaging I left positive orders to inform me the moment the dressing became uncomfortable or the fingers numb. Called again the same evening and much to my surprise found no increased pain or swelling; continued same treatment. Called in the morning and found the case the same as I left it the night before. The patient had had refreshing sleep, the only very sore place being over the internal condyle. Reapplied the bandages at the end of the fourth day. Case continued to improve without



any interruption. No untoward symptoms whatever. Swelling ceased to increase as soon as the arm was set and commenced to subside after the second day. At the end of the first week I commenced removing a part of the dressing and made passive motion of the joint every other day for two weeks; after that, every day, taking special pains on re-adjusting the dressing to press the condyles firmly together and retain them so. At the end of the fifth week I removed the anterior splint and allowed him to use the arm to some extent; at the end of the sixth week I removed the balance of the dressings, when he again com-

menced work in the store, being able by this time to use his pen and also to do up light parcels. Has constantly improved until now the joint is very nearly, if not quite, as useful as before the accident, pronation and supination being perfect.

I think I have enumerated a sufficient number of cases with this treatment to convey an adequate idea of the application and principle of this dressing, as all of these cases were treated with this form of dressing only, aside from internal medication, no lotion being used whatever in any of them, and the results were perfect without an exception.

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## CEREBRAL HÆMORRHAGE FOLLOWED BY UNILATERAL EPILEPSEY.

N. B. DELAMATER, M.D., CHICAGO.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

I have the pleasure of presenting to you a case which was presented at my clinic, at the dispensary connected with the Chicago homœopathic college. I desire to call your attention particularly to the diagnosis, which frequently is the most important element in diseases of the nervous system.

This case presented what at first seemed a contradictory history, and I was inclined to doubt the patient's memory, but further careful study in connection with some recently reported

experiments clears up the case very satisfactorily.

Mr. A. K., thirty-four years of age, American. A strong, healthy young man, when about sixteen years of age, engaged in chopping and hauling wood, month of November, there had been a slight fall of snow during earlier part of day. He caught a severe cold; and during the following night was attacked with a severe pain in right shoulder, keeping him awake until a little before daylight, where it left him feeling quite comfortable

The following morning, about 9 o'clock, as he was washing himself preparatory to attending church, (it being Sunday,) suddenly, without any warning, his left arm and leg became totally paralyzed. The head was perfectly clear, no pain, no dizziness, no disturbance of vision, hearing, or of speech. No signs of paralysis of face on either side. No trouble with bowels or urine, the right side of the body apparently perfectly normal. Inside of one week motion commenced to return in fingers and toes; in two months, the hand and arm were perfectly normal, and motion and strength so far restored in the leg as to enable him to walk without any assistance.

Since that time has noticed very little improvement in the leg; it feels heavy, there is an inclination to swing it; a dragging of the toes, when foot is placed on the ground, with a sensation as of falling, the foot and heel both touching at the same time, and is not brought so far forward as the other in walking. The temperature  $1^{\circ}$  lower than other, but no apparent atrophy of the muscles. Remembering that the paralytic attack was in November, the following May, six months after, and four months after improvement had ceased, without any traceable cause as to history, other than having taken a long walk, the weather being very pleasant and comfortably warm on the previous day, was sitting quietly in a chair, the left hand clinched, twisted backward, and arm drawn behind him, the

face and head drawn around so as to look over left shoulder, became unconscious, fell from chair, was unconscious probably ten seconds, some frothing from the mouth, did not bite the tongue, left leg also twisted and drawn back but not as markedly as arm and head, right side apparently unaffected. On recovery felt weak and languid for a day or two, then regained strength and was well except the paresis of left leg, which had not changed from condition previous to this attack. Nothing more for two years when another attack of same character, since then they have gradually increased in frequency till now has six or seven attacks per year.

The first impression of this case, the suddenness of the attack, the hemiplegia, followed by the gradual improvement in the paralysis, is of course cerebral hæmorrhage. We very readily rule out softening, which may be confounded with cerebral hæmorrhage, also embolism and thrombosis, also meningeal hæmorrhage. This brings us back to the original impression, but in this, according to all authorities, we should have some evidence in the brain, some paralysis in the facial muscle and of the tongue, some defect of speech or coma. But we have none of these. In cerebral hæmorrhage we find no account of the succeeding unilateral epileptiform convulsion. It would be rather begging the question to diagnose two separate conditions; one of epilepsy and the other of hæmorrhage. This case then presents great

difficulty of diagnosis. Theoretically we might consider that a clot had formed in the cortex just back of and below the optic thalamus. But at the time there was no proof to support the theory. Fortunately, soon after seeing the case, I received a journal containing a report of the following experiments which clear up the case very decidedly and satisfactorily.

"At the session of the Society de Biologies, Dec. 30, 1877, reported in *Le Progres Medical*, M.M. Frank and Pitres offered a communication on the effects of limited excitation of the bundles of the centrum ovale and the internal capsule. The study of the pathology of the centrum ovale of the hemispheres has led to the opinion that the white fibres which leave the excitable region of the gray substance of the cortex, and connect then with the central ganglia, are grouped into distinct bundles, preserving throughout their course through the white substance of the brain, their functional independence. Numerous pathological observations show, in fact, in the most positive manner that limited lesions of the centrum ovale may give rise to monoplegias, which certainly would not occur were not the fibres underlying the cortical motor centres grouped in separate fascicles.

M.M. Frank and Pitres have undertaken to test, experimentally, this hypothesis and the result of their experiments have been to verify it. They exposed in a dog the motor zone, and after fixing accurately the principal psychomotor centres, they made horizontal sections of the hemispheres, exciting the different unsevered portions of the white substance after each mutilation. In so doing, they always found that it was possible to obtain, by exciting sufficiently limited portions of this white substance, isolated movements altogether similar to those obtained in the beginning of the experiment by irritation of the different region of the gray substance.

At the base of the radiant crown of Reil,

and in the internal capsule itself, the bundles of white fibres still preserve their functional independence. They are in juxtaposition without mingling, and the separate irritation of different bundles causes movements limited to certain muscular groups on the opposite side of the body. It is hardly necessary to state that to obtain these, the excitations must be localized in very limited spaces; if the electrodes are more than from two to four millimetres apart, very extensive and confused movements are produced.

In the dog the anterior half of the surface of the internal capsule is alone excitable, and its bundles are grouped in the following manner :

1. Well in front we find the fibres, excitation of which causes movements of the face and eyelids of the opposite side; then we have from before backward.
2. The bundle of fibres for the fore limb.
3. A rather extensive bundle, excitation of which causes movements of both limbs of opposite side.
4. A very minute bundle to the posterior limb alone, and, finally
5. At the horizon of the posterior portion of the nucleus candatus we find a very well marked bundle of fibres, excitation of which causes the isolated movement of raising the ear of the opposite side.

These experiments confirm, as regards the physiology of the centrum ovale, the idea suggested by careful study of pathological observations. As regards the internal capsule, they seem at first to be opposed by the fact that hemiplegias caused by lesions of this tract are always total. But in reality this discordance is only apparent. The internal capsule, in fact, is a narrow junction of various routes of conduction, and in order to obtain limited movements by its excitation, it is needful that the electrodes should be very closely approached to each other. But the pathological alterations of the capsule, in the great majority of cases, are gross lesions, such as hæmorrhages or patches of softening, and



in such conditions the hemiplegia is complete, since the lesion is too extensive to involve only a single one of the many functionally distinct bundles of which the capsule is made up. It is highly probably that a very limited lesion of the capsule might give rise to a limited paralysis on the opposite side of the body. But cases of this kind are so extremely rare that no well authenticated case existed in our literature."

As regards the subsequent epileptiform condition, these same gentlemen, M.M. Pitres and Frank, report the following experiment, which offers a plausible hypothesis and a connecting link for localized diagnosis in our case.

"They uncovered the posterior marginal convolution of a large adult dog, and removed with the curette the zone of gray matter, excitation of which caused movements limited to the left fore limb. The next day the animal exhibited the troubles of motility and of sensibility in this member that we always meet with after ablation of the cortical motor centres. After it was made to walk an instant it was seized with an attack of partial epilepsy, characterized by convulsive jerks, in the left posterior member, and in the left side of the face and neck. The limb, the center for which had been removed, remained flaccid and immovable during the whole attack. The rapid loss of excitability of the white substance

subjacent to the cortical center destroyed, and the exaggeration of the excitability of the gray substance in the vicinity of a circumscribed lesion, explain a number of pathological facts. The first of these phenomena permits us to understand how very extensive destroying lesions, including the whole gray matter of the cortical motor zone, do not give rise to partial epilepsy, and show also, that, when there is a limited destroying lesion in this zone itself the partial epilepsy is not the result of any irritation transmitted by the subjacent white fibres, but that it is due to the increased excitability of a neighboring center. The second accounts for the apparently contradictory fact that generally the lesions that cause partial epilepsy in man, are located near, but outside of the motor zone, and explains why in certain cases of monoplegia, of cortical origin, accompanied with partial epilepsy the convulsions respect the paralyzed member, or at least, begin in other parts of the body."

We now, then are enabled to locate a cerebral hæmorrhage in the gray corticle motor center, the clot originally pressing on or covering that portion just above the posterior portion of the internal capsule, that gradual shrinking or partial resorption took place from the anterior side, more than from the posterior thus leaving pressure on the bundle distributed to the leg and not on those to the arm.

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#### LACTATE OF IRON IN DIPHTHERIA.

My attention was called to the use of this remedy by an allopath, who relied on it as the remedy *par excellence* in the treatment of diphtheria.

He used it in about the proportion

of one to ten, with simple syrup, but it would not *mix*.

I made the 1st dec. trituration with sugar of milk. Since, I have used it in one case of an adult, in three-grain

doses, where both tonsils were thickly enveloped with membrane, and I think the improvement was more marked than when treated with Merc. iod, for the local symptoms.

I have not had an opportunity to test the merits of the remedy in other cases, and only present this hoping to hear the experience of others on its use.  
*E. S. Donaldson.*

## THE HEADACHES OF BADIAGA, BAPTISIA, BARYTA CARB., BERBERIS VULGARIS, BISMUTH, BOVISTA, BROMINE, AND BRYONIA.

ALLEGHENY MATERIA MEDICA CLUB.

### BADIAGA.

#### LOCATION, DIRECTION AND CHARACTER.

Headache from 2 P. M. till 7 in the morning, with slight aching pains in the posterior portion of both eyeballs, and in the temples.

Headache, with inflamed eyes.

During the afternoon, heat, pain, and congestion in the forehead, worse at 7 P. M.

In the temples and eyeballs, pain; to the temples from the eyeballs.

Pain in the left eyeball and temple, quite severe, extending to the left side of head and forehead.

A very severe headache on the top of the head; remains the same in all positions; better at night after sleeping, and better in the morning, returning violently after breakfast, lasting several days.

#### OTHER HEAD SYMPTOMS.

Dull, dizzy feeling in the head.

An excess of dandruff, or dry tetter-like appearance of the scalp, with slight itching.

#### AGGRAVATIONS.

At 7 P. M.—Heat, pain and congestion in the forehead.

After breakfast—Severe headache on top of the head.

#### AMELIORATION.

At night after sleeping and in the mooning—Severe headache on top of the head.

#### CONCOMITANT.

In spite of the headache he is still clear in his mind and more inclined to mental activity than ever.

### BAPTISIA.

#### TYPE.

Suitable in lymphatic temperaments; in low forms of disease, typhoid fever, or diseases with typhoid tendencies; patient easily prostrated, with chilliness and hot flashes; pain in head, back, and limbs; "tired all over."

#### LOCATION, DIRECTION AND CHARACTER.

\*Dull, heavy, pressive headache.

\*Frontal headache, with pain at root of the nose.

Frontal headache, with feeling of fullness and tightness of the whole head.

Soreness, as if in the frontal brain; wild feeling.

Tightness of skin of forehead.

Sharp pains by spells in right and left temples.

Feeling as if the top of the head would fly off.

Heavy pain in the base of the brain, with lameness and drawing in cervical muscles.

#### OTHER HEAD SYMPTOMS.

Head feels large and heavy, with numb feeling of the head and face; stitches or shocks in various parts of head.

\*Cannot confine his mind; sort of wild, wandering feeling.

\*Indisposed to think; want of power to think.

#### CONCOMITANTS.

\*Mentally restless, yet too lifeless to move; confused as if drunk.

Anxious, certain of death.

Nervous restlessness.

Delirium; cannot sleep because he must toss about to get the pieces of his head together.

- \*Vertigo and sensation of weakness in the entire system, especially in the lower limbs, with weak knees.
- \*Soreness of eyeballs, with lame feeling on moving them.
- \*Face hot and flushed.
- \*Tongue coated yellowish-brown in the center.
- \*Edges of tongue red and shining.
- \*Ulcers in the mouth, with abundant saliva tasting viscid and flat.
- \*Constant severe pain in region of the liver, with fullness and distension of the abdomen.
- \*Dark, soft, diarrhetic stools, without much pain.
- \*Urine dark red, with some burning.
- \*Dull aching pain in sacrum and hips.
- \*Drawing aching in arms and legs.

Restless, uneasy sleep; wild fancies on attempting to go to sleep, as if head was separate from the body, old woman in room, snakes, etc.

### BARYTA CARBONICA.

#### TYPE.

One is reminded of this drug by seeing a dwarfish and delicate person, a person that is mentally and physically so.

Headache of old persons.

In those who suffer from swelling and inflammation of glands.

#### LOCATION, DIRECTION AND CHARACTER.

The pain extends to the eyes.

Headaches mostly oppressive, close above the eyes and root of the nose.

Pressive pain, as if skull would split.

Sensation as if brain were loose.

Creeping sensation, as if something were alive in the brain.

Headaches occur on waking.

Headaches generally occur in the morning and after meals.

Stitching headache near a warm stove.

The pain from the headache extends to the nape of the neck.

Headache with tension, in the occiput, toward nape of the neck.

\*Pressive sticking on the vertex, which extends through the whole head whenever he stands in the sun.

#### OTHER HEAD SYMPTOMS.

Liability of the head to take cold.

Right side of head feels icy cold to the hand, but burning to himself.

Roaring buzzing in the head.

Eruptions and dry scales on the head.

The scalp is very sensitive to the touch.

Buzzing and singing in the ears.

Stiffness of nape of the neck.

#### AGGRAVATIONS.

While sitting.

While lying on the painful side.

On thinking of his disease.

From pressure from without.

External heat (stove).

On waking in the morning.

After meals.

Standing in the sun.

#### AMELIORATION.

When walking in the open air.

#### CONCOMITANTS.

Great irresolution about small things.

Great forgetfulness, so that he does not know what he has just spoken.

Vertigo, with nausea and headache, when stooping.

### BERBERIS VULGARIS.

#### TYPE.

Suitable for headache, when along with the headache there is hepatic trouble; or when the headache is complicated with arthritic or rheumatic complaints; or with affections of the urinary organs; or with menstrual derangements. The patient has a pale expression, sunken cheeks, and eyes surrounded by bluish or blackish rings. The headache is characterized by lacerating pains, or pains of a darting character. Tensive aching pains. Feeling of coldness in various parts. General languor. Slow, feeble pulse, with increased thirst.

#### LOCATION, DIRECTION AND CHARACTER.

Fullness of the head, like from coryza.

\*Sensation as if the head were becoming larger.

Oppressive, dragging, tensive pain in forehead, increased or excited by stooping, relieved in the open air.

Pressure from within outward, particularly in forehead, but also in temples and occiput.

A peculiar cold sensation in the right temple.



Tearing pain in the whole head, now here, now there, in the forehead, in the temples. More particularly on the left side.

#### VERIFIED HEAD SYMPTOMS.

- \*Vertigo and dizziness in the head.
- Early in the morning the head feels full and heavy.
- \*A puffy sensation in the whole head.
- Increased warmth of head.
- Heat in the head after dinner, and in the afternoon.

#### AGGRAVATIONS.

- By motion.
- Most violent in afternoon.

#### AMELIORATION.

- In the open air.

#### CONCOMITANTS.

- Pressure in the eyes.
- Violent shooting pains through the eyes into the brain, or from the temples to the eyes.
- Tearing and stitching in cheek and jaw bones.
- \*Pale expression of the face, a dirty grayish look, sunken cheeks, deeply-seated eyes, surrounded by bluish or blackish gray circles; very sickly expression for a long time.
- Increased thirst and dryness of the mouth,
- Slow, weak pulse.
- \*Eruption without taste or smell.
- Empty or bilious eructations.
- \*Heartburn.
- \*Sticking-pressive pain in the region of the liver, increased by pressure, corresponding to the region of the gall bladder, on a small spot.
- \*A sticking-dizzy, or dizzy-tearing pain in one or the other kidney regions, as if it were suppurating, aggravated by deep pressure.
- \*Drawing-sticking pain in one or the other sides of the bladder, extending down into the female urethra, often arising in the lumbar region and tending along the course of the ureters.

#### BISMUTH.

##### TYPE.

Is indicated when the headache alternates with, or is attended by, gastralgia; or where it comes on immediately after eating; or is relieved by vomiting of the ingesta. The headache is usually frontal.

#### LOCATION, DIRECTION AND CHARACTER.

- Dull, heavy headache.
- Dull pressing, with drawing in different parts of the head, more violent during motion.
- \*Pressure and sensation of weight in the forehead, more violent during motion.
- At times also in the occiput.
- °Pressure in forehead above the eyes.
- \*Dull, cutting pain in the brain, from above the right orbit to the occiput.
- \*Pressure and sensation of weight in the occiput, more violent during motion.
- Vertigo; a sensation as if the anterior half of the brain were turning in a circle.
- Attacks attended frequently with prostration.

#### AGGRAVATION.

- From motion.—All the head symptoms.

#### CONCOMITANTS.

- \*Solitude is unbearable; desire for company.
- White-coated tongue in the evening, without heat or thirst.
- \*Nausea at the stomach; especially violent after a meal.
- \*Feeling of pressure in the stomach, after every meal.
- \*Nervous gastralgia, with intense pressure, as of a load in the stomach, after eating.
- \*Crampy, spasmodic pains in the stomach; burning, alternating with pressure; pressure in the spine, must bend backward.
- \*Desire for cold drinks in the evening but no fever.

#### BOVISTA.

##### TYPE.

Suitable for menstrual headache, characterized by being deep in the head; absence of mind and difficulty in fixing his attention; slowness of understanding; moroseness; ill-humor. Headache is made worse by pressure and sitting up. Empty eructations. Morning sickness relieved by eating breakfast.

#### LOCATION, DIRECTION AND CHARACTER.

- Headache deep in the head.
- Headache on right side in the morning, on left side in the evening.
- Headache at night.
- Headache at 3 A. M.
- Dull headache, with weariness.
- Distensive pain in the head.

Pain in occiput, as if a wedge would be pressed in.  
 Stupefying pain, particularly in forehead or vertex.  
 Lacerating pain in sinciput and forehead.  
 Head seems bruised.  
 On awaking the head aches, as from too much sleep.

#### VERIFIED SYMPTOMS OF HEAD.

Pains in the head.  
 Worse on raising the head.  
 Distensive pains in the head.  
 Headache with increased secretion of urine.

#### AGGRAVATION.

At night, from sitting up.  
 From pressure.

#### AMELIORATIONS.

The morning headache is relieved by eating.  
 The headache at 3 A. M., disappears gradually after the breaking out of a profuse sweat.  
 Toward morning.

#### CONCOMITANTS.

Vertigo, early in the morning.  
 Sad, despondent mood.  
 Watery coryza, with dizziness.  
 Stoppage of nose with fluent coryza.

### BROMINE.

#### TYPE.

Suitable to fair complexions, blue-eyed people.  
 Should be closely studied for menstrual headaches.

#### LOCATION, DIRECTION AND CHARACTER.

Pains mostly left sided, in the sinciput and in the forehead, of a heavy pressing character, made worse by motion and heat of the sun.  
 Forcing pain in temples and nape of neck.

#### VERIFIED HEAD SYMPTOMS.

Headache brought on by going into the sun, disappearing in the shade.

#### AGGRAVATION.

After drinking milk.  
 By stooping.

#### AMELIORATION.

By pressing the neck.

#### CONCOMITANTS.

Pains in the bones of head, fore and back part toward evening in damp weather.  
 Crawling beneath the skin of the occiput.  
 Scalp tender, covered with an eruption, dirty-looking, and discharging offensive pus.

### BRONIA.

#### TYPE.

Suitable in many varieties of headache, as gastric, rheumatic, and congestive, but chiefly in gastric headaches. It is characterized by vertigo, great heaviness of the head, pressure in the head and rush of blood to the head. Loss of memory and inability to collect one's self. The patient is very irritable, vexed and vehement. The headache is either in the occiput, in the vertex, or in the forehead. The headache is often associated with nausea and vomiting.

#### LOCATION, DIRECTION AND CHARACTER.

- \*Throbbing headache on top of head.
- \*Headache in occiput, extending to the shoulders.
- \*Headache, as from nightly revelling.
- \*After every meal.
- \*Headache as if everything would pass out at the forehead, aggravated by stooping.
- \*Burning pains in forehead.
- \*Digging pressure in fore part of brain toward the forehead.
- \*Sticking, jerking, throbbing from the forehead, teeth, and malar bones to the occiput.
- \*Rheumatic headache in cold, raw, wet seasons.
- \*Continued stitch deep in the brain, left side, when coughing.
- \**Begins in the morning on opening the eyes.*
- \*Headache from ironing.

#### OTHER HEAD SYMPTOMS.

In the morning the hair seems very greasy, with cool head.  
 The scalp is very tender to the touch.  
 Burning heat or cold sweat on head.  
 Rush of blood to the head with heat in the head.  
 Great weight in the head and pressure of the brain from behind forward.

#### AGGRAVATIONS.

On stooping.

By quick motion, after eating and when coughing.

In the evening.

#### CONCOMITANTS.

Vertigo and confusion of the head on slightest motion.

Very sensitive pressing pain in left eyeball.

Epistaxis; profuse, fluent coryza.

Lochia suppressed, with sensation as if head would burst.

Sour, bitter eructations after eating.

Empty retching.

Nausea and vomiting.

Cutting, as of knives in epigastric region.

Bitter vomiting of bile and water.

Severe pain in region of right ovary.

### NEW PUBLICATIONS.

THE URINE OF THE NEW-BORN; Consisting of Practical Studies of the New-Born with application to Physiology and the Clinique, and Clinical Studies of the Urine of the New-Born in Athrepsia. By J. PARROT, Professor of the Medical Faculty of Paris, Physician of the Hospital of Enfants Assistes, and ALBERT ROBIN, Interne of the Hospital of Enfants Assistes, Laureat of Institute (Academy of Sciences). Translated from the *Archives Generales de Medicine*, 1878. By Geo. E. SHIPMAN, M.D. Chicago: Foundlings' Home Press; 1878; pp. 68.

By this translation Dr. Shipman has opened a new field to the profession of this country. There has been very little knowledge given to the profession on the physiological condition of the urine in the new-born. And this seems a strange neglect when the urine of older persons has been so carefully investigated. It is impossible, in the limited space at our disposal, to convey any definite idea of the contents of this pamphlet. Suffice it to say, the part which treats of the normal urine covers its quantity, general appearance, chemical constitu-

tion, and the variations consistent with health. It also indicates when the onset of disease is to be looked for, or rather, it points out that disease is actually present before the signs usually looked for manifest themselves. The following is one case given:

"A little girl, eight days old, G. Dolores, weighing 4030 grammes, having a rectal temperature of  $98.5^{\circ}$ , apparently in good health; so good that she, too, was chosen for the study of the healthy urine. The flesh was firm, the cry good; the skin was of natural color. But the urine presented the following characteristics: its quantity was normal, its density 1006, the reaction feebly acid, the color a pale yellow. The urea amounted to 2.91 gr. per litre, and 0.72 gr. per kilog.; Nitric acid gave a light violet diaphragm, the liquor of Barreswil was reduced, and we perceived by M. Gubler's process traces of albumen. The sediment, formed of little white flecks, scanty and delicate, was made up of the cells of the kidney in small number, and by the epithelial debris coming from the bladder and the vagina. The reduction of the cupropotassic liquor, the coloring of the urine by Nitric acid, the presence of a trace of albumen, awakened our doubts. The child was sent to the



creche. The next morning she was reported at the infirmary. Her stools were watery, her flesh soft, and there was thrush in the mouth; \* these accidents presented themselves in the evening; the child vomited its milk, then diarrhœa ensued. The rectal temperature was  $103.28^{\circ}$ ; that is,  $4.78^{\circ}$  higher than on the evening before; the weight had undergone a loss of 500 gr. in forty-eight hours. The next day at 1 A. M. the little patient died."

"Here we have before us the acute form of athrepsia, and a day and a half before the explosion of the external accidents, it was then possible, notwithstanding the absence of every usual indication, and by a simple inspection of the urine, *not only to foresee a pathological state, but to define the threatened disease.*"

A knowledge which will enable the physician, not only to foresee danger in a general way, but to foresee it specifically, and, so far as possible, to

\* "The urine presented all the appearance observed in athrepsia: diminution of quantity, deep color, excess of uric acid, well marked acidity."

avert it, will count for much with his patients, and justly too. In this pamphlet we have such information, in regard to certain diseased conditions, given to the profession. Under the term "Athrepsia" the authors discuss a wasting disease, with a gastro-intestinal disturbance, and followed by a profound inanition, only too often ending, sooner or later, in death. Every physician of a few years' experience has seen such cases—alas! too numerous—defy his best exertions, and he has sought additional light upon their nature in vain. We have certainly found this little book instructive, and, without doubt, others will also obtain much benefit from it. Every physician who has the care of young children should give it a careful reading. He will find here a statement of objective symptoms which will reduce his diagnosis of this disorder to a certainty, and assist him in his prognosis almost as much. H. B. F.

## MEDICAL MEMORANDA.

### CHICAGO HOMŒOPATHIC COLLEGE.

The large lecture room was crowded with students and friends of the college at the opening exercises. Professor Mitchell, the president, referred to the past success of the college and stated that the increased class of this year must be attributed to the interest taken in medical education by the profession. He thanked preceptors and students for the marked evidence of better preparation for a lecture course through preliminary study. It was a hopeful sign. Both faculty and students enter on their work with renewed zeal. Prof. A. W. Woodward then delivered a very able introductory address which received the

closest attention from the audience. He welcomed most cordially the incoming class and referred to the deep responsibilities on both sides. Then he grasped the subject of the advantages of the study of homœopathic therapeutics as illustrated by the recent epidemic of yellow fever. He spoke of the mistakes made by the old school in regard to its etiology, to their failure to recognize the distinctive features of the present epidemic, and to their belief in the efficacy of cathartics and antiseptics to antidote it. Homœopathy not only closely observed all present features but combated them with remedies specially adapted to individual cases. He showed the intimate connection of the nervous system with the

disease phenomena and argued that our potent agents acted through this delicate organization. There are about ninety students in attendance. Professor Mitchell states that he has never known, in fourteen years' connection with medical colleges, students to come so well grounded in elementary studies, as those just entering this college. The session opens most auspiciously.

#### ILLINOIS STATE HOMŒOPATHIC ASSOCIATION.—DUES.

In consequence of the action taken at the last meeting, all members whose dues have been paid to date, (including 1878,) will be exempt from further payments. Members are therefore requested to remit to the treasurer all arrearages, as the by-laws require the names of those over one year in arrears to be dropped from the list of members. Any whose names have thus been dropped may be reinstated by simply settling their accounts. Address A. G. Beebe, treasurer, 90 Washington street, or 81 Park ave., Chicago.

#### HAHNEMANN MEDICAL COLLEGE.

The opening exercises of Hahnemann Medical college and hospital took place on the evening of October 1st. There were one hundred students present. This number has been increased since until the class now numbers one hundred and forty, and is, without doubt, as fine a looking body of men and women as ever filled a medical amphitheatre. Every homœopathic college and several of the allopathic and eclectic colleges of the country are represented; and nearly every state in the Union has its delegate among the students. This promises to be the banner year for Hahnemann medical college and hospital.

#### PERSONALS.

Dr. S. E. Warren has located at Milford, Mich.

Dr. Wm. C. P. Butman has returned to Hartford, Mo.

Dr. C. L. Gish has removed from Shopiere to Pewaukee, Wis.

Dr. G. W. Hilton has removed from Chicago to La Moille, Ill.

Dr. T. D. Koons has removed from Cherryville to Allentown, Pa.

Dr. H. Hutchison has removed from Fairfield to St. Paul, Minn.

Dr. G. C. Soule has removed from Jewett City to Wickford, R. I.

Dr. J. I. Herrick has removed from New Lisbon to Mauston, Wis.

Dr. Annie Luckey has removed from New York City to Tenafl, N. J.

Dr. G. H. Parker has removed from Cleveland, O., to Flushing, Mich.

Mrs. Dr. M. E. Baldwin, has removed from Waukesha to Stone's Prairie, Wis.

Dr. G. S. Schuricht, formerly of New Orleans, has located at Effingham, Ill.

Dr. Geo. S. Adams has removed from Wilmington, N. C., to Maynard, Mass.

Dr. S. A. Johnson has removed from Fremont, Neb., to Berrien Springs, Mich.

Dr. E. J. Lee has removed from 110 South Twenty-first street to 231 South Twentieth street, Philadelphia, Pa.

#### ITEMS OF INTEREST.

Dr. N. F. Cooke will give a course of lectures on Special Pathology and Diagnosis at the Hahnemann this fall and winter.

Dr. Frank T. Burck has been appointed surgeon to the fire department of Frederick, Md., the first public position ever tendered a homœopath in that old-fashioned city. The local paper says: At a late meeting of the Independent fire company, Dr. F. T. Burck was elected surgeon to said company. This is an excellent selection, and our Independent firemen are to be commended for their choice. While the Doctor possesses abundant qualifications for adjusting dislocated members, (bodily), reducing fractures, and bringing general physical order out of corporal chaos, we trust no serious accidents may occur to the Knights of the Flame requiring the intervention of this professional gentleman's sextuple surgical set, which was presented to him several years since by a host of Philadelphia admirers in recognition of his high graduating honors in that city.

*To the Editor.*

Referring to the erroneous reports which have of late appeared in the public journals will you kindly inform your readers that this college opened its Winter session at the appointed date, and with an unusually large attendance; also, that we have abundant material for anatomical study.

Very truly yours, *Edwards Smith.*  
Cleveland, Oct. 2, 1878.

The publishers of the *Hahnemannian Monthly* announce the discontinuance of that journal for the present. The editor states that it "did not pay," and concludes his letter "to the readers" with the admonition, "that our journals must be supported better than they now are, with both money and brains, or the *Hahnemannian* will not be the only one to suspend."

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## NOVEMBER, 1878.

## PUBLISHERS' PARAGRAPHS.

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CASES FROM PRACTICE.

CLARENCE M. CONANT, M.D., MIDDLETOWN, N. Y.

INFANTILE CONSTIPATION.—LYCOPODIUM.

An infant, two months old, was very constipated, having no movement for days at a time, unless by an enema. The child had good appetite and appeared well, except that *between 3 and 4 p. m., every day, she became irritable and restless, and the bowels seemed swollen and hard. About 8 p. m. her usual good nature returned. She passed enormous quantities of flatulence at various times of day and night.*

Prescribed *Lycopodium m.* in water, every four hours, until the bowels moved naturally, and then every night and morning until the function is regularly established.

The mother was also *very costive.*

Had *much frontal headache and considerable backache, with frequent scanty urination.* Her complexion was very sallow and her *temper very irritable.*

Prescribed *Nux. v. 30*, every four hours. A perfect cure resulted in forty-eight hours, in both cases, from which there has been no relapse. This lady was told by a homœopathic physician that medicine would injure the child, but that the mother must be doctored and live on buttermilk and oatmeal in order to be cured.

INFANTILE CONSTIPATION.—ALUMINA.

A female infant, three months old, whose mother's milk was insufficient for her, was very costive and remained so in spite of change of diet. "*Hubbell's Prepared Wheat,*" "*Imperial*

Granum," prepared barley, and "Horlick's Food," were all used unsuccessfully. Bryonia from the 1st to the cm, Sulphur and Nux. from the 30th to the m, and Lycopodium and Opium m, were all unsuccessful. It was at last observed by the mother that *the child made a great effort even for a soft stool.*

Prescribed Alumina 200, a dose night and morning, which resulted in a complete cure in three days.

WRIST GANGLION.—CARBO VEG.

Mrs. C., aged thirty, had an enlarged bursa in the center of the under side of the right wrist, caused by lifting while nursing an aged relative, helpless from paralysis. *She felt a lacerating pain in the wrist when trying to grasp an object, and could not retain her hold by reason of a paralytic weakness of the wrist.* Rhus tox., Rhus rad., Ruta, and Calc. carb. failed. Dr. B. Fincke then suggested Carbo veg. m, which was given, a dose every night for about two weeks, when improvement was noticed and the medicine was discontinued. In a few weeks the swelling, pain, and weakness all disappeared and have not returned in a period of six years.

WRIST GANGLION.—CARBO VEG.

Mrs. S., aged thirty-five, had a large tumor on the upper side of the right wrist, which was evidently an enlarged bursa, and which the patient has noticed for a year or more and believes it resulted from lifting, as it came soon after she had nursed a child helpless with rheumatism. She complains of *weakness of the wrist and inability to grasp any object.*

Prescribed twenty powders of Carbo veg. m, to take a powder every night until the swelling or weakness improved, and then stop all medicine. She took fifteen powders, and inside of two months all the symptoms had disappeared.

I report these cases, as I have never seen any account of a ganglion cured by the homœopathic drug alone. Some years ago Dr. J. C. Morgan reported a case of both wrists, which was cured under Silicea 200; but as mechanical pressure was employed at the same time, it becomes doubtful as to whether the attenuated drug alone would have cured the case.

I would like briefly to call attention to a great abuse in reporting valuable verifications of drugs. Too often the name of the drug alone is given, and the potency and frequency of dose entirely omitted. *This is all wrong.* The question of dose is a debated and unsettled one, and I claim it is the *duty* of every homœopath to report, in every case of cure, full particulars of the dose. Only so shall we ever solve this riddle. I practice with tincture, 1st, 3d, 30th, 200th, 1m, 10m, 45m cm, and M (or mm), and I want all the light I can get. If it can be clearly demonstrated that low potencies cure better, *in every sense*, than high, then I must, as a physician, eschew high potencies. But if, (as I now feel assured) high potencies can be proven most successful in curing disease, then I must stick to them. I am astonished that such a physician as Professor Hawkes should report cases without telling us of the poten-

cies. I have cured many cases of fever and ague with Nat. mur., 200, m, and rom, similar to those described by him in the September HOMŒOPATHIST; and yet my neighbors who never use Nat. mur. above the 12th say it is useless in malaria. I have cured several cases of uterine hæmorrhage with Ipecac 200 and m, and these neighbors say it will do no good in such cases, *as the tincture has so often failed them*. Allow me to report one case more :

UTERINE HÆMORRHAGE AT CONFINEMENT.—IPECAC.

Mrs. W., aged twenty-five, second child, sent for me. When I came into the room she was seated upon the chamber by the bedside. The nurse remarked, "You are too late, Doctor," and showed me the child born a few moments before. The mother rose and was with difficulty gotten into the bed, while I observed that the chamber contained much blood and the secundines. I turned to the patient and enquired, "How do you feel," observing that the countenance was

leadens. She answered, "*I feel so sick at my stomach, and pain there, and cold, and (with her eyes glassy and fixed on me) it is getting—dark!*" It took me scarcely three seconds to observe that *she was pulseless*, that *the abdomen was full as of a bag of water*, and that *a bright crimson torrent was issuing from the vulva*. I dropped a few pellets of Ipecac m on her tongue, restored the vial to its case, and went into the next room and procured a small soft towel for a tampon, if such should be necessary. When I returned her pulse beat feebly, and in a few moments I had the pleasure of her assurance that she felt better; a hand upon the uterus discovered that organ contracted, nearly as small as my fist, into a very hard, round ball. A napkin placed at the vulva remained some moments before it was scarcely soiled.

Report every good cure you make, gentlemen, "the more the merrier," but please give us the potency and the frequency of the dose, as well as the drug.

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MORBUS COXARIUS.

M. H., aged twenty, lymphatic, has been confined to his bed for six weeks; he complains of sharp, drawing pains in the right knee and thigh; the affected leg was about three finger's breadth longer than the sound one, the nates flattened, movement of

the joint painful, although pressure caused no discomfort; pulse feverish, loss of appetite, tongue coated white; aggravation at night of the pains, but little sleep. Leeches, purgatives and inunctions of every kind had been employed in vain. The allopathic



physicians had proposed the immovable bandage, and given a discouraging prognosis. I prescribed Kali carb. 30, ten globules in one hundred and fifty grammes distilled water, every three

hours a table-spoonful. Rapid improvement; in less than three weeks he was cured without a repetition of the remedy being necessary.—*Cincinnati Medical Advance.*

### A CASE OF FISTULA IN ANO.

R. K. PAINE, M.D., MANITOWOC, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

I do not propose in this report to give a detailed article on this disease, nor do I expect to advance anything new or wonderful, or exhibit any remarkable skill in treatment. I simply wish to show that one case of this disease in my hands was cured by an operation with the knife, and has remained so nearly a year, with no manifestations of disease in the rectum or anywhere else. And this was done only after the failure of every other means of cure so far as the physicians who had the case were able to go. The man came into my hands in March, 1877, with a complete fistula in and on the left side of the rectum, and with a blind internal one on the right side, with an abscess just beginning to form in the buttock nearly two inches to the right of the anus, a little anteriorly. The internal openings were between the external and internal sphincter muscle on the posterior margin of the rectum.

The fistulæ extended outward and anteriorly from this opening, on the right side toward the abscess then forming in the buttock, and on the left side running out nearly an inch, not very deep.

A look at my patient showed very plainly he had suffered very much in his general health. He was about fifty years old, a German, of middle stature, inclined to be stout, and had never been sick much until this disease appeared some two or three years before. He had been working in a chair factory for some years and had been troubled with boils about the anus before he learned what was the real trouble. I could not determine the cause, he had eaten fish a great deal, and perhaps some of their bones. He went into the hands of several allopathic doctors successively, each trying the same or some new thing, but all arriving at the same result, leaving the patient no better

than before. No operations were undertaken except to open abscesses and cauterize the fistulæ with Nitric acid. He had several month's homœopathic treatment, sometime before he came to me, with no result except to somewhat improve his general health. The discharge from the fistulæ kept up the same and was quite profuse, so much so that he was weakened, pale and discouraged. I suggested the ligature on the left side and poulticing the other till I could open it, and told him I thought nothing but the ligature, silk or rubber, or the knife would cure him. He was afraid of that, had been told that if he was operated on he would have consumption. He let me put in a rubber ligature and went home, several miles away. In a week he reported the ligature pained him so he removed it and I could not get him to consent to its being returned. The abscess had not increased any but was softened some and I opened it. The parts being tender I did not try to probe it, but asked him to call again soon and I would operate on one or both sides. I did not hear of him for nearly two months, he was afraid of the operation and kept away, when another abscess forming he sent for me to come and see him and operate if I wanted to. I found the sinus on the left side, and another abscess anterior from the opening of the one I had lanced before. This abscess I opened. The sinus on the left side I slit up, and told him to call on me in a week, when I commenced operations on the

right side by slitting up from the anterior opening, that of the last abscess, to the middle opening in the buttock, the sinus running nearly in a line with the thigh when standing. I could then probe the sinus from this middle opening into the opening in the rectum between the two muscles. I could not do this before. It passed in very deep and I felt a little anxious about cutting through so much of the tissues at once and postponed it. At this time the patient pointed out a small tender place on the left side near where the old sinus opened, which on examination proved to be another abscess, and I opened it at once, passed my probe in under the old sinus and out at about the same place between the sphincter muscles. I then had a complete horseshoe fistulæ, and I proposed opening them as soon as the inflammation was gone, which I did in the usual way. The larger one made a formidable looking wound and I expected more trouble from hæmorrhage than I did have. I packed the openings with cotton saturated with carbolized Cosmoline and had him lie on a sofa. Previous to the operation I had the bowels well emptied that he might not be disturbed by their action for a day or so. Healing progressed finely till the larger opening was about two-thirds healed, when I only had an opportunity of seeing him at long intervals and he allowed the cotton packings ordered to be used so ineffectually that the sore became crusted over with something which prevented healing.

After repeated attempts to remove it, and get the healing process started again, I had him lie down, scraped off the fungus, packed the opening, which was through the external sphincter muscle, thoroughly with Cosmoline and pulverized alum. It healed rapidly then and the patient has had no more trouble with fistulas since

that time. His general health has been good and he is working at his trade all the time. The internal treatment was principally Silicea 6 trit., with an occasional dose of Nux vomica. Tepid sitz baths once a day were also ordered, with a generous, easily-digested diet.

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## THE USE OF CAULOPHYLLIN AND MACROTIN DURING PREGNANCY.

EUGENE F. STORKE, M.D., MILWAUKEE, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

Have Macrotin or Caulophyllin any prophylactic virtues in abbreviating or preventing undue suffering at parturition?

This question has, in many times and places, been answered in the affirmative, by the aborigines, and their descendents; by the laity, and the old ladies of both sexes, and lastly, by many of the medical profession.

Theoretical information and practice can only be conclusive in so far as the results obtained in a certain number and kind of cases, in a certain time, compare favorably with a like number and kind of cases, in a similar time, that have been subjected to a preliminary treatment. This would be a philosophical method of dealing with the matter, and the evidence which a thorough application of this method would give would, to a reasonable mind, be conclusive.

We have no particular account of any such record kept in this thorough manner, and, consequently, we are unable to say that the answers given to the first inquiry are altogether true, or rather, we are led to conclude that these answers are not based on unphilosophical grounds.

What is an easy labor?

That, one can define, as an arbitrary expression in every case. In a statistical summary, made by Churchill, we find a little over one-half of the cases observed occupied a period of time varying from two to six hours, between the commencement of labor and the rupture of the membranes, and from this latter time to the completion of the second stage, one-half of the cases observed consumed but one hour. In order to have something definite to calculate upon in this report, we will, arbitrarily, fix upon the longest period



given by Churchill, occurring in the majority of cases, between the actual commencement of labor and the rupture of the membranes, that is, six hours, in addition to the time occupied by the majority of cases, in passing from the rupture of the membranes to the expulsion of the child, one hour, making in all, seven hours. These, and those occupying a less time, we will call easy, provided they are accompanied by no unusual suffering or complications, and all others we will designate as hard.

Some time ago the want of more definite data in this matter was felt by us, whereupon we kept a careful record of cases coming under our care, believing, however, in the efficiency of the remedies to relieve undue suffering, and perhaps abbreviate the first stage of labor. The record embraces cases of all ages and conditions that received the remedies, as well as those in similar conditions that did not take them.

The method of giving the remedies was mainly that of having the patient, during the last four to eight weeks of gestation, take a five-grain powder of Caulophyllin 3x in the morning, and the same amount of Macroton 3x in the evening.

From a total number of 203 cases of labor occurring under the care of my worthy colleague, Dr. C. D. Stanhope, and myself, we have deduced the following results: Whole number on record, 203, of which we find 159 were easy, about 78 per cent., and 44 were hard. Of the whole number 70

were primiparæ, and 133 multiparæ. Of the primiparæ 44, about 63 per cent., were easy, and 26 were hard; 115, or 86 per cent. of the multiparæ were easy, and 18 were hard. The number of the primiparæ treated in the preliminary manner were 44, and those not so treated were 26. The number of such primiparæ as were treated, and had an easy labor, were 22, and those who had a hard labor were 22. The easy cases being one-half of the whole number of primiparæ that were treated. While of the primiparæ, that were not treated preliminarily, 22 were easy and 4 were hard, 85 per cent. of the number not treated were easy, while, on the other hand, only 50 per cent. of those treated were easy; 71 of the multiparæ were treated preliminarily and 62 were not. Of those treated 62 had an easy labor, while 9 were hard. Of those not treated, 53 had an easy labor, while 9 were hard, thus making this result: about 87 per cent. of treated multiparæ were easy and 85 per cent. of those not so treated were easy.

To recapitulate: 78 per cent. of the whole number were easy; 63 per cent. of the primiparæ and 86 per cent. of the multiparæ were easy; 50 per cent. of the primiparæ treated were easy, and 85 per cent. of those not treated were easy; 87 per cent. of the multiparæ treated were easy, and 85 per cent. of those not treated were easy. Thus we see from the above showing that in the primiparous labors the evidence is decidedly against the preliminary treatment, and in the multiparæ

only very slightly in favor of it.

It was also found that among those who were preliminarily treated the number of ladies who went beyond their estimated time was much greater than among the others.

Of the hard cases, only about 20 per cent. of the number were real dystocia; the balance were purely a functional dystocia, and occurred mostly in the first stage of labor.

It may be urged that the conclusion just given is an unfair one, as those who are subject to hard labors would apply for the preliminary treatment, while those who have comparatively easy labors would not, leaving a large balance of the more difficult labors on the preliminary treatment side. This objection could only be true of the multiparæ for obvious reasons. And the multiparæ show, according to the record, no very marked difference on either side.

It may also be argued, that the more finely organized the brain and nervous system, the greater will be the intellectuality of the woman, and the

greater tendency to undue suffering at parturition, and these intellectual classes, even among the primiparæ, would be far more likely to know of, and apply for, such treatment, than those who know nothing of the matter.

In answer to this it can be said that with very few exceptions the cases treated have been prescribed for at our own suggestion, that the treatment might be of possible benefit and the record shows that there is no especial predominance of any particular class of patients in the cases treated.

While in the past we have had some feeling as though the pre-parturient prophylactic treatment might possibly be of benefit, we, at the present time, in the light which even a fragmentary account, such as this, may give, are led to conclude, after having made all possible allowances for the many difficulties in the way of getting perfect statistical data on such a subject, that the treatment, if not prejudicial to the patient, is of no benefit in determining an easy or a speedy labor.

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## INFANTILE DIARRHŒEA.

A. SCHLŒMILCH, M.D., MILWAUKEE, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

This affection presents numerous phases, described under various names, as, simple, catarrhal, inflammatory and non-inflammatory, dysenteric and choleraic. To the latter

form, generally spoken of as cholera infantum, this paper is especially devoted.

### ŒTIOLOGY.

The causes of this troublesome

malady are, improper diet, principally an excess of farinaceous food, the constant passage of undigested starchy masses along the intestinal tract, causing irritation and consequent diarrhœa. Further, sour milk, or an inferior supply of mother's milk, especially from women again menstruating. But principally, foul air, contaminated water, excessive heat, and a peculiar atmospheric condition prevailing during the summer months and autumn, together with an irritability of the system, consequent on dentition and the rapid growth of the brain during that period.

#### SYMPTOMS.

These are not very unlike those met with in cholera of the adult. The chief symptoms being diarrhœa, soon accompanied by vomiting. The discharges from the bowels are generally whitish or ash-colored, sometimes containing small mucus floculi, either inodorous or having a peculiar sweetish smell; or they may be watery, and of a yellowish-brown or green color, emitting the most offensive odor. The stools may be large in quantity, discharged without any effort, even unconsciously, or they may be small and ejected with force. They may number eight, twenty, or more, in twenty-four hours.

The vomited matter, at first, consists of ordinary contents of the stomach, and the latter may be so irritable as to eject everything it receives, sometimes with great force. But soon the ejecta present a watery, sero-mucous appearance, thrown up

in greater or smaller quantities, with more or less frequency and force. The vomiting sometimes ceases for a while, only to commence again. During these intervals the fluids imbibed by the patient are often discharged per anum in a very short time. There is generally great thirst, but the liquids are not retained, especially if given in large quantities. The little sufferer soon presents the appearance of one attacked by cholera. The emaciation is extreme; hands and feet appear cold; the abdomen sunken or tympanitic; the constant loss of fluids causes anæmia with signs of hydrocephalus. The child is restless now and then utters plaintive cries rolls the head about, the eyes may become convergent, and at last convulsions end the scene. The prognosis may be rendered favorably in the commencement of the attack; but later, when the signs of cholera are prominent, only a doubtful prognosis can be given.

#### TREATMENT.

The great number of remedies recommended for the cure of this disease, might at once lead us to infer that great difficulty is often met with in its treatment. The following remedies are especially recommended by Raue: *Æthusa cynapium*, Borax, Calc. carb., Calc. phos., Kreosote, and Natrum mur. To which Guernsey adds, Antimonium crud., Ars., Bell., Benzoic acid, Bryonia, Camphor, Carbo veg., China, Dulcamara, Gratiola, Ipecac., Laurocerasus, Merc. sol., Nux vom., Phosphorus, Phos. acid,



Podophyllum, Secale cor. and Veratrum.

Hughes, speaking of this disease, briefly states: "I cannot feel that we have the specific for it. Veratrum seems indicated, but has always failed in my hands. Arsenicum has only been one degree better. Iris, of which I had great hopes at one time, will speedily check the vomiting, but leaves the bowels untouched. I gave Tartar emet. a fair trial one summer, but it was very uncertain, and from Elaterium I got no results whatever. Croton tig. deserves a fair trial, especially when the stools are ejected with great force. According to Hempel the remedy to be given first should be Aconite."

It is obvious, that if these cases are treated by medicine alone, the results of treatment will frequently be anything but flattering. This is at least the summary of my limited experience; for I have spent much time with these little patients, collected all the symptoms I could possibly obtain, took great pains in selecting the proper remedy, and still the result of my treatment frequently remained unsatisfactory.

The two chief objects to be accomplished are the maintainance of the patient's strength, if possible, and the quieting of the severe thirst.

The main article of food for the child always has been, and probably will be, milk. Where mother's milk cannot be retained, which is quite often the case, cows' milk must be substituted. To prevent any possi-

bility of its souring, the child is better fed with a spoon than from a bottle.

As caseine is that portion of the milk which is digested with great difficulty, and the least nourishing, I have tried to separate it from the rest by following Guernsey's advice, allowing fresh milk to stand for two to four hours, then ordered the upper, creamy portion of it to be carefully taken off, added thereto three to six times its quantity of water, which had been boiled and re-cooled, together with a little sugar. The addition of half a teaspoonful of lime-water has been successfully tried by one of my colleagues of this city. Milk thus prepared is given warm, if it can be borne; if not, it may be given cold, but always in small quantities and at short intervals.

Where milk is absolutely not tolerated, Liebig's beef-tea may be tried. Horlick's, Ridge's or other patent food I have never resorted to. Do not allow cornstarch, arrowroot or oatmeal, because they can hardly be digested.

To satisfy the thirst I have allowed small quantities of fresh water where good water could be had; otherwise I have ordered it to be boiled and then cooled.

Where no liquids can be retained, the child may be wrapped in cloths wrung out in moderately warm water. Considerable moisture will be absorbed, and thus frequently prevent spasms, due to a thickened condition of the blood and consequent sluggish circulation. Where collapse is threat-

ening and a stimulus wanted, cold cloths may be used instead of warm ones.

I have read this short paper, not because I expected to present to you much that was new, in reference to this subject, but, because I consider

it just, to state what little though unsatisfactory experience I have had in the treatment of this disease, before I would call on the older and more experienced members of this society to offer *their* experience, which I hope they will do without reservation.

### A CASE OF SYMPATHETIC OPHTHALMIA.

L. A. BISHOP, M.D., FOND DU LAC, WIS.

*Read before the Homœopathic Medical Society of the State of Wisconsin.*

On the 12th day of October, 1877, Mr. W., of the town of Eldorado, Fond du Lac county, Wis., aged forty-one years, German farmer, called at my office with his wife and their little girl for me to adjust her dislocated shoulder. During my conversation with him I observed that one of his eyes was troubling him and that it was useless. With an eye for all such misfortunes I had the audacity to request the privilege of examining it, and to give me its history. I found the lids normal, chronic conjunctivitis, cornea hazy, chronic iritis, pupil somewhat dilated; could not say whether there were any adhesions or not, but presume there were; lens and capsule red, full brighter than I ever saw the retina with the ophthalmoscope, a spot near its superior border much brighter than the balance; tension increased; much tenderness over ciliary region. No special photophobia; does not complain of much pain; had not even

perception of light; no trouble whatever with the other eye.

The case at once suggested the idea of an accident, and that something had penetrated the eye and was there yet, and, further, that the bright red spot in the lens was its point of entrance—possibly its present location. He informed me that two years previous, while feeding a threshing-machine, something struck him in the right eye with such force as nearly to knock him from the platform. From his past experience of fifteen years, he supposed it to be a kernel of wheat or a piece of a stick. Bathed the eye in cold water, thinking it would soon recover, as it had many times before under the same treatment; so he kept on and on; at the end of three or four days all vision was gone, inflammation ran high, photophobia was intense, pain severe; still the water dressing, alone, was the doctrine and he was the doctor. Finally, after a

time, the symptoms subsided and his eye became more and more comfortable, having its occasional ups and downs, until I saw it in the condition I have related. Gave him a voluntary diagnosis and prognosis; the former being, that a foreign body had penetrated the eye through the center of the cornea and so on through the pupil, and had either passed through or lodged in the lens, that vision was irreparably lost, that sooner or later the other eye would begin to sympathize with this one and thereby setting up an inflammation known as sympathetic ophthalmia, and that as soon as such a thing did occur he would be in great danger of losing the other eye also, and that the only safe course for him to pursue, and the only remedy was to have the injured eye out at once, which would save the other one and he be the happy possessor of one sound eye in place or none. He replied that he often had had sore eyes before and they came out all right in time and he thought this one would too.

On the 27th of November following, two gentlemen called at my office, saying that Mr. W.'s other eye went blind three weeks before and they had brought him down for me to do with him whatever I saw fit. Called at his boarding house that afternoon, whereupon he informed me that one night, about three weeks before, he waked up with a most terrific pain in the back of his head extending forward into his well eye, and instantly all sight vanished; for the next two

weeks pain was intense in the left eye and all over that side of his head. Fearing I would insist on enucleation of the right eye if he called on me, and, contrary to the earnest protestations of his family and neighbors, he called in this old lady to leave him some eye-water and that one to pass her hands over his eyes in the vain superstition that that would remove a sympathetic ophthalmia from one eye or a piece of iron from the other. On examination I found the right eye much as I saw it six weeks before; left eye—lids some swollen and red; conjunctiva much inflamed, much photophobia, much lachrymation, some ciliary neuralgia, ciliary region acutely sensitive to the touch, pericorneal vascularity, iris discolored, aqueous humor cloudy, complete occlusion of the pupil by an effusion of lymph; had barely perception of light—in fact, all the symptoms of a very severe case of that form of lymphatic ophthalmia known as sympathetic iridocystitis, and not being able to ascertain positively what condition the balance of the eye was in I decided that enucleation of the right eye was the only means offered to save even enough of the left eye for an oculist to work upon in the future.

With the assistance of Drs. Dorris and Beeson, I enucleated the right eye the next morning, bandaging them both with an elastic flannel bandage, the eye and socket previously neatly protected with a layer of muslin and a pad of cotton over each, using a lotion of *Calendula* on both; dropped



four drops of a four-grain solution of Atropine into the left eye twice a day, giving Aconite  $\text{rx}$  every hour. All pain ceased in the left eye as soon as the right one was removed. Continued the same treatment for a week, eye continued to improve rapidly; then gave Merc. iod.  $2\text{x}$ , using an eight-grain solution of Atropine in place of the four-grain solution, which broke loose a very small extent of adhesions at the outer and upper quadrant of the former pupil, which was now filled with organized lymph scarcely a line in width, and by its continued use succeeded in extending this very thin strip until it reached full half way to the periphery of the iris, the width remaining the same. After a few days a similar adhesion gave way at the lower and outer section of the former pupil, though not as large or as long as the other; yet in spite of alternating strong solutions of Atropine and Physostigma I was unable to rupture any more adhesions without resort to operative procedure; even in spite of this the eye continued constantly to rapidly improve. Gave a dose of Silicea  $30$  every night for the tenderness of the ciliary region. Continued Merc. iod.  $2\text{x}$ , a dose three times a day. Could, at the end of three weeks, when the eye was under the influence of an eight-grain solution of Atropine, count fingers in a bright light at thirty feet. By this time the eye felt and looked quite natural aside from the iris and the sensitiveness of the ciliary region. Conjunctiva yet some congested, so I continued the

same treatment until March 6, 1878, when all tenderness of the ciliary region had subsided, and, concluding that the time had arrived when it would not only be advisable, but as safe as it ever would be, again assisted by Drs. Dorris and Beeson, I performed iridectomy, making the new pupil, through the upper and outer section of the iris, as the most favorable location and the one most likely to be successful, and on both sides of the little slit, which had been only visible while under the influence of Atropine, found the eye so soft (showing a marked absorption was taking place in the humors of the eye thereby tending to atrophy) that an iridectomy-knife, which would pass readily and smoothly through a healthy eye, actually dented this one before penetrating it, found the iris so friable and rotten that I could only remove it in little bits at a time with the forceps; in this manner I succeeded in making a natural sized pupil, not interfering in the least with the old adhesions or the former pupil, on account of the danger of exciting a return of the iritis or wounding the lens, thereby producing a traumatic cataract in addition to the already sufficient obstacle to vision. Having gone as far as I dared to, I again bandaged the eyes as in the former operation, using Calendula and Atropine as before and Aconite  $\text{rx}$  internally, no pain or inflammation following the operation, in fact, nothing untoward. Corneal wound closed at the end of forty-eight hours; case continued to rapidly improve without

even as much as a partial relapse from the time the right eye was removed on the 28th of November, 1877. Returned to the Silicea and Merc. iod. as before the operation. Upon examining the right eye after its removal found a small piece of iron lodged in the posterior capsule directly back of the bright red spot in the lens; the inner structures of the eye were very greatly destroyed by the extensive traumatic inflammation that had been existing for over two years.

The last time I examined this case was June 8, 1878; the eye looked and felt perfectly normal aside from the misplaced pupil and the occluded old one; tension normal, no appearance of atrophy whatever; without a glass, vision  $\frac{20}{32}$ . By ophthalmoscopic examination I found the retina normal, so far as I could see; has been able to do his own farm-work since April 1, 1878, not observing any inconvenience whatever and tells me the eye is constantly growing stronger and vision improving all the time.

From this case we are enabled to draw some very positive conclusions in corroboration of what has already been written on this very interesting subject:

1st. That it is *extremely dangerous* to the other eye to allow an injured eye to remain after sight has been destroyed by some foreign body penetrating it.

2d. That enucleation is the only remedy yet known to the profession that will permanently stay the destruction of sympathetic ophthalmia.

3d. That there are cases in which an iridectomy is of great importance to arrest destructive tendencies in the sympathizing eye after the pupil has become occluded and adhesions have formed.

4th. That many times a foreign body might be removed from the eye before destructive inflammation had taken place.

5th. That homœopathic remedies are of incalculable value in treating these severe forms of disease thereby saving the eye even with partial vision and cases recover under their use that would have been discharged without them.

The case I have related, if seen within twelve hours after the accident, would have offered some encouragement for saving the eye, together with a small amount of vision, for from the location of the piece of iron it could certainly have been discovered before the lens had become opaque, and then by removing the lens there was a possibility that the oculist might have been able to remove the iron also; at any rate the case would warrant the attempt, for to leave it would have been known destruction to that eye, and in all probability to the other also. I think statistics will warrant me in saying, that fully nine-tenths of the cases of blindness as the result of accidents' either by direct injury or sympathy, might have been cured, retaining the whole or a large amount of vision, had it not been for the neglect of the patient or ignorance of the practitioner; not that I would expect every

physician to be able to treat successfully an injured eye, but he can and should sufficiently inform himself that he might know the danger the eye was in, and when it reached a point where he was not competent to treat it, to either call in one who was, or else send the patient to some oculist competent to meet the demands in the case; and when these things so essen-

tial to the welfare of the profession are studied, realized, and practiced, we will have a wonderfully less number of walking advertisements of our past ignorance; for these cases seldom die, and being so conspicuous are a constant recommend, either favorably or otherwise, for the practitioner who had the fortune to treat them.

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## NERVOUS AND MENTAL DISEASES.

MRS. JULIA FORD, M.D., MILWAUKEE, WIS.

There is a certain fitness in assigning me to this bureau; for medical literature, as far back as Hippocrates, regard the major part of nervous diseases most perfectly exhibited in woman.

Some writers even have explained, and, still more absurdly, have tried to rectify her sufferings by generalizations on the abstract nature of the female sex; whether this is any more logical than it would be to treat other diseases depending on physical imperfections with long-winded aphorisms concerning the nature of man, we will not now discuss. The bureau is an important one, underlying and, in one sense, overshadowing all others; for mental disturbances ultimate in physical disease, and a major share of all ailments have their origin in diseased nerve centers near or remote from the affected organ.

"Disease is always the voice of

inherent law, giving notice in unmistakable language that there is something wrong in the sphere of relations." If the brain or its related spinal cord and nerve ganglia are disturbed or overpowered, to the symptoms which follow we apply the term mental disease.

The heart and its arterial accompaniment are disturbed in action, and are called diseases of the circulatory system; the stomach and intestines, diseases of the chyloperitic system; of the lungs and bronchia, diseases of the respiratory system, etc., etc. But disturbed action, under these several classifications, not unfrequently may be traced to nervous irritation, caused by some mental impression which ultimates in the disease gastralgia, which is growing alarmingly common, and is a morbid condition of the stomach, limited to the gastric nerves. The vagus and sympathetic nerves



are the seat of the disease, and is caused either in the abnormal nature of the irritation which the nerves are liable, in either sex. The profession have fallen into the habit of dignifying diseases, when exhibited in man, as grave pathological lessons, but in a woman only a nervous attack. Believing the logic of events will follow, however slowly it comes, the logic of thought, we see the righting of these things in the better light of future research. One fact, so noticeable I think it cannot have escaped the notice of a physician present, in regard to nervous diseases, is the abandonment of drugs in their treatment. It is being very generally conceded that large or small doses of drugs are useless here, however potent they may be in other cases. In Ziemssen's Cyclopadia, vol. ii, in the fine article, "Neuralgia," under the head of treatment, it is said: "Electricity has recently become the most important remedy in the treatment of neuralgia, from the brilliant success that has attended its application in all of its different forms. Its mode of action is still obscure, though it probably varies in different instances. It diminishes the excitability of the sensory nerves, it takes away abnormal stimuli from them, it modifies their irritation, allays hyperæmia and inflammation, and, lastly, acts as a derivative, and thus fulfills several indications." The results of Electro-therapeutical treatment are in no disease so *certainly* established as in neuralgia. "Faradic electricity is chiefly useful in peri-

pherie neuralgia," continues Professor Erb, "when the nerves can be reached by the current, and in cases where no remarkable anatomical change, as neurites, or the like, is present, and it has also derivative action as a stimulant to the skin." Gentlemen and ladies of the profession, this is high authority, and may be verified in practice by each of us.

Mental diseases—or the dis—ease of that greatest of all wonders, the human mind, is a painfully interesting field of research. The human mind, so wonderful in its attributes, its complexity, its sensibility, its profundity, terrible in its insanities, or diseased and discordant conditions.

During a visit to a large institution in Philadelphia, a lady remarked to me, "A strange and terrible Providence is manifested in the case of these unfortunates." "Yes, if you mean by Providence, sanitary law, it is a terrible exhibition of the fearful effects that follow such transgressions," was my reply. This is an intense age—an age of rapid changes and great excitement; the tendency is to rush, and crowd, and cram. Men and women are eager to see everything, and hear everything, and the vibrations in nerves and brain become fearfully rapid; disease follows, manifested in different degrees; the highly wrought brain becomes congested; headaches, wakefulness, loss of memory, confusion of ideas, insanity. Great dangers overshadow us in this era. Our boasted civilization is destined to certain wreck in this insane

thirst for velocity. Our politicians must be more than iron-clad to live through one presidential campaign: an hundred speeches in as many consecutive days, with the bolting of meals and exciting debates, were too much for the brains of Stephen A. Douglas and Horace Greeley. The ambitious engineer wants to make the fastest time on record, and believes a mile a minute, including stops, a very moderate speed. This inelegant haste is extending to everything. The beautiful repose of our ancestors is banished in this electric age, with its demands for lightning speed; and it is no wonder they come to a sudden halt sometimes, when offended nature presses down her breaks. And the outlook is not hopeful, for the infirmity is daily widening its malign sphere, involving more and more of our intensely active minds. In equal proportion as we advance in this materialistic age these diseases are becoming more widespread and frequent. In the progress of knowledge and the prevention of mental disease there has been less advance than in other departments of medical literature. Since the days of Galen some advance, perhaps, as to the cause, but when we visit the lunatic asylums and see the immense army in chains, howling, cursing, and blaspheming, we are *forced* to admit that little scientific knowledge exists in regard to the treatment of the insane. The functional disturbances from which these diseases result are greater in women than men, and yet there are

more men insane than women; but the ratio would be changed did women indulge, as men do, in alcoholic drinks, and the inordinate consumption of a certain weed called tobacco, which of itself alone is sufficient to cause insanity. That these stimulants, alcohol, tobacco, tea, coffee, etc., cause the nerve centers to become weak, and hence possess deficient powers of resistance is true; yet after the most careful study of the subject we are forced to leave it very much as we found it, and exclaim with a learned lecturer before the school of psychological medicine in London, "The disorder we call insanity is a mystery not yet unravelled, nevertheless it is constantly forcing itself upon our attention." The confession is an honorable one and does the learned man credit, and yet the existing facts forcing themselves upon our mind challenge all physicians to be diligent in investigation. We should study well the diseases, physical and mental, born of the conditions of the era and day in which we live and move; make each individual case the text for study; shut up the old books of bygone ages—for they give no light by which we can solve the problem of mind—enter this new field of psychological medicine with clean hands and pure hearts, and reverently seek to refresh these drooping flowers of the soul, for reason is the Divine inflorescence of the spirit, and insanity is the same white flower deprived of its fragrance and beauty.

## HOMŒOPATHY ILLUSTRATED.

## SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrators and forward them to the editor.

## 37.

## INTERMITTENT FEVER.—EUPATORIUM PERF.

H. C. Allen, Detroit, Mich.

Mrs. P., had severe chill every morning at seven o'clock, lasting an hour, with terrible bone pains in extremities and lumbar region. Thirst begins some time before the chill and continues through both chill and fever. Chill terminates in bilious vomiting, and as fever passes off, she goes to sleep, during which she has profuse perspiration.

Eup. perf. 200, in water, a teaspoonful every three hours while awake. Next day paroxysm much lighter; medicine continued every six hours and no return of the chill.

## 38.

## LYCOPODIUM IN DYSPEPSIA.

A. B. Avery, Farmington, Mich.

Mrs. L., aged fifty-eight, has been troubled more or less for the past three years with dyspeptic symptoms, the most marked when I was called being an accumulation of gas within the stomach, giving rise to a *distended, full* feeling, the gas seemed to be generated immediately *after breakfast and dinner*, followed by *almost constant eructations of tasteless gas*, resulting in

an *exhausting* condition of the whole system; *urine profuse and light colored*.

Gave Lycopodium 3x, three drops before retiring at night and twenty minutes before meals, and the symptoms have not returned since the first dose of medicine, more than two months since.

## 39.

## INTERMITTENT FEVER.—NATRUM MUR.

H. C. Allen, Detroit, Mich.

Mr. L., has suffered from chills and fever for over three months. Was treated heroically for seven weeks, during which time he received crude doses of various forms of Cinchona, without any apparent benefit. He then took homœopathic medicine for a time, when he removed to this city and decided to "let the chills get well without any medicine." Paroxysm occurred every other day at 11 A. M., with severe pain in limbs and small of back, and chilly stage continued nearly two hours, with no thirst during chill. Fever all the afternoon, with intense thirst for large quantities of water, and bursting headache during fever. Little or no perspiration, eats and sleeps well, and next day resumes his occupation.



Paroxysm occurring at 11 a. m., with thirst for large quantities of water during fever stage.

Nat. mur., 30th trit., every four hours during apyrexia. Chill light next time and then no return to date, three months since.

## 40.

## LYCOPODIUM IN DYSPEPSIA.

A. B. Avery, Farmington, Mich.

Mrs. L., has been called a dyspeptic for years, the characteristic symptom presenting itself when I was consulted, was, an *exhausting eructation of tasteless gas after meals, followed by heartburn.*

Gave Lycopodium 3x, three drops at a dose, three hours apart during the day. The gaseous symptom left him at once and he has been improving ever since upon the remedy.

## 41.

## INTERMITTENT FEVER.—IGNATIA.

H. C. Allen, Detroit, Mich.

J. C., a young man, had fever about ten months, under different treatment from a number of medical men. Chills occasionally checked for a few days by large doses of Quinine, only to return with renewed severity in another form. No regularity in occurrence of paroxysm, assuming all types—quotidian, tertian, quartran—and coming on at all hours of day or night. Chill severe and pronounced, lasting usually about an hour, with *intense thirst ONLY during chill.* Chill *relieved by external heat.* As soon as chill began he would go at once to the kitchen stove, and “over a hot

fire drink the hydrant dry,” as he expressed it, although the thermometer was registering “the nineties.” Fever always well developed, with much headache and vertigo, but no thirst. Very rarely any perspiration, and with the exception of some vertigo felt well during the apyrexia.

Thanks to the “key-note system,” I had little difficulty in this obstinate case in selecting the remedy and securing another triumph for homœopathy. Chill *relieved by external heat,* belongs to Arsenic. and Ignatia; and thirst *only* during the chill to Ignatia, Capsicum and Carbo veg.; but the whole case was so well covered by Ignatia that I gave it, confidently assuring him of a cure. He received twelve powders of Ignatia 200, one every four hours, while awake. Had a slight chill two days after, without thirst; fever lasted about two hours without the usual headache and vertigo, and that was the last of it. Has remained well ever since, now several months.

## 42.

## NUX VOMICA IN CONSTIPATION.

A. B. Avery, Farmington, Mich.

Mrs. W., aged seventy-eight, has taken much harsh medicine during the past twenty years, the most prominent being cathartics and tonics. When I was called she was suffering from the following symptoms, viz., *A dull heavy pain in the back of the neck and occiput;* almost entirely devoid of appetite; constipation, consisting of *small irregular stools,* passed in intervals from three to six days, also a *grip-*

*ing pain, sometimes in one side and then in the other, in the region of the colon. Has been in this condition for the last three months.*

Gave Nux vomica 3x, a powder every three hours. The patient was relieved from the pain in the head and abdomen within twelve hours, and now, one week from the first dose of medicine, she has an easy passage of the bowels once in two days, and a fair appetite. The old *can* be helped.

## 43.

## INTERMITTENT FEVER.—PODO-PHYLLUM.

*H. C. Allen, Detroit, Mich.*

A gentleman, over seventy years of age, never had a severe illness of any kind in his life, was attacked in July last with chills and fever, paroxysm coming on every day at 7 A. M., with aching pain in right hypochondrium, which is sensitive on pressure. Severe pain in back *before*, but not *during* chill. Chill not very severe, but heat commences before the shivering and coldness ceases. Some thirst during chill, which becomes excessive during fever. Violent headache and slight delirium during fever; falls asleep before fever ceases, during which he has profuse perspiration. During delirium tries to talk, but cannot find words with which to express himself. Dirty, pappy, pasty tongue, with foul taste, and complete loss of appetite, even the smell of food produces loathing. On account of pain in limbs and back the paroxysm occurring at 7 A. M., I gave him Eup. perf. 200, without any benefit whatever. A closer com-

parison of all the symptoms revealed Pod. to be the similimum, of which he received twelve powders, 30th trit., one to be taken every four hours. The next chill was much lighter and he felt better in every way, and a few powders of the 200th completed the cure.

## 44.

## INTERMITTENT FEVER.—CHINA SULPH.

*H. C. Allen, Detroit, Mich.*

A young man was sick a week with chills and fever, during which time he took a box of cathartic pills and a six ounce vial of medicine, prepared by a druggist and "warranted to cure ague." Chill occurred every other day, from 9 to 12 A. M., anticipating type, and each stage of paroxysm well marked and distinct. Chill preceded by nausea and headache, with languor, pain in limbs and back. Skin cold and blue, with ringing and buzzing in the ears and vertigo. Thirst before the chill and during the sweat. No thirst during chill or fever. Cannot work during his well day, he is so weak and prostrated. Has been living near a mill-pond and sleeping with his window open. Gave him China sulph., 30th trit., a powder every four hours during apyrexia, with prompt and permanent relief.

I may add that I once thought this remedy practically useless, unless given in massive doses—ten to twenty grains Quinine during the apyrexia—in the treatment of intermittent fever. I now have more satisfactory results with the 30th trit. than I ever had

with the crude drug; but must confess I find the remedy very rarely indicated when I carefully individualize each case. In any hands, the *key-note system*, the *single remedy*, and the

*higher dilutions*, accomplish results of which I had no conception until I tried them; nor do I think my experience differs materially from that of my medical brethren.

### APOMORPHIN IN SEASICKNESS.

EUGENE F. STORKE, M.D., MILWAUKEE, WIS.

I have prescribed the above-named remedy in several cases of seasickness, recently, with apparently the very best of results. The cases were those that had an habitual tendency to seasickness, whenever a fitting occasion presented itself. Remedies had been of no avail to them in times past, and the patients had no confidence in their potential efficacy in the future. As the expectant treatment in this difficulty is rather hard for a patient to carry out, I, in accordance with their desire, gave them what was, to me, a new remedy, Apomorphin; one grain of the alkaloid dissolved in six ounces of water, with directions to take a half-teaspoonful dose at the first intimation of the appearance of nausea, and repeat every half hour or hour, as the symptoms seemed to indicate; at the same time recommending simple diet, in moderate quantities. On their return, a few weeks afterward, they each reported the appearance of their usual attack of nausea marina, which disappeared, very promptly, after the administration of the first or second dose. With

the exception of one case, no further medication was necessary; in this case, the medicine was repeated at intervals, as the nausea returned—perhaps half a dozen times—when it was discontinued, as the patient remained perfectly well during the remainder of the trip, consisting of several days.

These cases were, to me, satisfactory and instructive, as they tend, so far, to substantiate the truth of our motto, *Similia Similibus Curantur*. Although we have no account of any direct proving of this drug ever having been instituted, save that of Dr. Blakeley, we find from this, as well as from some accidental provings, that the vomiting induced by this agent is marked by suddenness and completeness, the nausea frequently occurring especially after taking food. There being no other marked *gastric* symptoms, the nausea and vomiting seem to constitute the disease; from this we are perhaps justified in recommending this as a remedy that is pre-eminently homœopathic to this dread of marine travelers, seasickness.

Since writing the above I have no-



ticed a report, appearing in the *Toronto Mail*, from a London physician, stating that he had used this remedy in a large number of cases of uncomplicated seasickness with the most marked benefit. The preparation of the remedy, as used by him,

was, two grains of the alkaloid to the pint of pure water, and administered as above recommended.

The preparation should be freshly prepared, at short intervals, as it has a tendency to chemical decomposition when held in solution too long.

### SENEGA AS A REMEDY FOR APHONIA.

H. C. ALLEN, M.D., DETROIT, MICH.

Senega is very frequently indicated in acute diseases of the larynx, but as my observations go, very rarely used. Its action is analogous to that of *Rumex crisp.* *Dryness is its characteristic.*

*Dry cough, aggravated by cold air, by motion, particularly by walking,* is its key note.

"Increased short and hacking cough in the open air; continuing for about three weeks," (For symptoms see Allen's *Materia Medica*). "Sudden hoarseness when reading aloud," is the only symptom of the voice developed in the provings; but very few of our remedies which are most efficacious in the treatment of aphonia have developed that symptom in proving. Except in cases of poisoning, the provers rarely carry it to the extent of complete aphonia. Some brilliant cases of complete aphonia in public speakers and teachers attest its value in the treatment of that troublesome affection, and its true

sphere in laryngeal therapeutics will, by a more careful clinical study, soon be mapped out.

I am indebted to Dr. Younghusband, of this city, who makes a specialty of diseases of the air-passages, for the following clinical case:

When teaching grammar school, several years ago (from severe cold and excessive use of his voice) was attacked with complete aphonia for about three months, Bell., Merc., Phos., Caust., each in turn affording temporary relief; but the dry cough soon returned as troublesome as ever, and the aphonia still continued. Senega was accidentally used for the dry cough, with perfect success; the aphonia being promptly relieved. The Doctor has since treated many cases of complete aphonia with Senega, with complete success, and places it among our best remedies for that troublesome affection. I ask for it a trial, and clinical verifications.

## LUXATION OF THE ANKLE.—CASE.

J. A. GANN, M.D., WOOSTER, OHIO.

*Read before the Ohio State Homœopathic Medical Society.*

Had the subject of my paper been the question, "Was it a dislocation of the foot inward, or a partial luxation of the tibia upon the astragalus?" the question itself might have conveyed the line of thought the following case presented, and in the criticisms or comments that may follow I hope to glean something more definite than our authors present in the diagnosis of the two injuries.

The case is as follows:

Mrs. Margaret W., aged seventy-nine, German. On the 6th day of last July, Mrs. W. was engaged in picking cherries, but venturing too far out upon a limb that proved too frail for even her light body, she fell to the ground, striking the earth with both feet.

The accident happened at about two o'clock in the afternoon, and though she was suffering acutely, I was not summoned until about eight in the evening—then having a ride of five miles before reaching her home.

Inquiring into the particulars of the case as thoroughly as possible, and making as careful an examination as the swollen condition of the parts would permit, I came to the conclusion, from the inverted position of the foot, that there was at least a dislocation of the foot inward, with a probable fracture of the fibula, or internal malleolus, or both.

Tracing both bones of the leg as closely as possible, I could not detect any fracture, nor was there any crepitus, so far as I could determine, from the slight motion permitted.

Recognizing that the first point of procedure was the reduction of the dislocation, with the leg flexed, and the old lady's son grasping the thigh for counter extension, then with gradually increasing traction, and carefully flexing and extending the foot, something seemed to give way; and the old lady, half crying, half laughing, declared, "It is better, it is better, I heard it go back." There was at least some difference in the position and mobility of the foot; though the least motion gave great pain.

As before remarked, from the swollen condition of the parts, I could not satisfactorily determine whether I had a fracture also, to deal with or not. But knowing that from the age of the patient and the position in which I first found the foot, a fracture was most probable. I dressed the leg in double side-splints, ordered the ankle moistened occasionally with a weak solution of Arnica, gave remedies and waited for a somewhat reduction of the swelling to determine more definitely. An examination the next day convinced me that there was no fracture, and the question then presented itself, was it a dislocation, proper, or

was it the mere lateral rotation of the astragalus in its articulation with tibia and fibula? And these are the questions to which I would respectfully call your attention:

1. To what extent may there be inversion of the foot with this lateral rotation of the astragalus?

2. To what extent is the forcible mobility of the foot interfered with?

3. Does the lateral rotation of the foot permit such a reduction that the sound of the reduction can be heard, as the old lady expressed it?

Liston and Druitt speak of dislocations of the foot inward as possible only with fracture, while Hamilton, Helmuth, Ericksen, and others, recognize these dislocations without fracture, but do not consider them common.

But the question might also be asked, Was it not a dislocation of the astragalus outward?

While the position of the foot is somewhat like that of dislocation of the tibia outward, I did not consider it this difficulty, on account of

1. The exceedingly great force gen-

erally required to produce the dislocation—rendering the dislocation compound.

2. The foot seemed too much inverted (I should think) for this form of an injury.

3. The deformity did not seem locally prominent enough, and

4. There was no shortening of the leg.

From the questions, or criticisms, that may follow this paper, I hope to derive, from the experience of those better versed in treating such injuries, definite answers to the questions presented.

I might here state that in five weeks the old lady was able to use the foot a little, and that in about four months from the time of the injury she accomplished—quite well, with the aid of a cane—the, to me, desirable feat of walking from her daughter's home to my office (a distance of about a quarter of a mile) expressing herself well satisfied with the result of the treatment, and paying me for services rendered.

#### NEW PUBLICATIONS.

HOMŒOPATHIC THERAPEUTICS. By S. LILIENHAL, M.D., Editor of *North American Journal of Homœopathy*, Professor of Clinical Medicine and Psychology in New York Homœopathic Medical College, etc. New York: Boericke & Tafel.

The author says that "Jahr's Clinical Guide, which I had the honor to bring

out ten years ago, is still the skeleton around which I clustered the experience of our best men. There is nothing original in such a work, but I culled from our whole literature wherever I found something valuable to be preserved." At one glance through this book it will be seen that it is



exactly what it purports to be, homœopathic therapeutics. Not a word is bestowed on any other topic, but 702 pages of solid therapeutics, embracing the old and new remedies for each disease in its alphabetical order, the ails of men, women and children receiving each due notice. Some idea may be formed of the fullness and richness of the work by the amount of space devoted to certain ailments, as for instance, to anæmia, 4 pages; asthma, 10 pages; cardialgia, 9 pages; cough, 15 pages; croup, 4 pages; hæmorrhage, 13 pages; headache, 20 pages; menstrual difficulties, 11 pages; mental derangements, 8 pages; stomach, 18 pages; vertigo, 13 pages. Although the type is large, space is economized, syniptoms condensed, especially important symptoms being printed in larger type. We consider this a most valuable accession to a medical library. Indeed, it is a work that has long been needed, and frequent reference to it will bring a sure reward. This book should stand side by side with Hering's *last*.

**HEADACHES AND THEIR CONCOMITANT SYMPTOMS, WITH A COMPLETE AND CONCISE REPERTORY-ANALYSIS.** By J. C. KING, M.D., Assisted by the ALLEGHENY MATERIA MEDICA CLUB. Chicago: W. A. CHATTERTON & Co. Price in Pocket Book form \$1.50; Library, with wide margins and interleaved, \$2.00.

Our readers are somewhat familiar with the scheme of this work, some of the remedies having appeared incompletely in previous numbers of the HOMŒOPATHIST. From advance sheets

presented by the publishers we can assure the profession that no pains or expense will be spared to make the book every way commendable and useful to fill the gap long open for such a monograph. At the head of each remedy is a note giving its general use, as for instance: Gelsemium, "Note—Headaches appear suddenly with dimness of sight, or double vision, with vertigo; great heaviness of the head, it feels too big and often too light, with a semi stupor; bright red face; dull heavy expression of countenance; full pulse and general *malaise*; especially adapted to nervous, excitable, hysterical females, sensitive people and little children, to male and female onanists." Then follow symptoms and concomitants, aggravations, ameliorations, conditions, and what gives this work a grand completeness, however, is its most excellent repertory. This analysis is so condensed and yet so full that the gist of the whole book is brought under the eye in a moment. For quick reference in the office and at the bedside it will be found invaluable. We want to encourage the sale of the interleaved edition especially, for marginal notes and new remedies written down from time to time, not only make excellent references for the writer, but there is hope that sometime these same notes and observations may enrich a new edition.

**STUDENTS MANUAL OF URINARY ANALYSIS, CHEMICAL AND MICROSCOPICAL.** By CLIFFORD MITCHELL, A.B., M.D. Chicago: Jansen, McClurg & Co.

In a very convenient pocket-book of twenty-four pages Dr. Mitchell has given the student a large amount of valuable information concerning Urinalysis. The contents are exactly what they purport to be, abridged compilations from various authors. The selections of matter are eminently practical,

condensed to a wonderful extent without sacrifice of a single fact, and so arranged as to meet the questions which must arise in the examiner's mind just as they present themselves. Its practical worth can be best appreciated by those who endeavor to use it.

## MEDICAL MEMORANDA.

### ANNOUNCEMENT.

#### RESUME.

With this number the AMERICAN HOMŒOPATHIST completes the 3d volume, the only journal of our literature, we believe, which in the limited period of its existence, has accomplished both literary, and, through the literary excellency, a financial success, this too, during a long period of general depression in business.

#### ALTERATION.

Commencing with the January issue there will be a slight reduction in the number of pages which seeming loss of space will be more than compensated for by doing away with the present custom known as leading, (a space between each line).

#### IMPROVEMENTS.

As a return for the appreciation and support accorded us, we take pleasure in announcing the introduction of a system of reporting, *adopted for the first time in medical journalism*. We have completed arrangements for the services of a competent stenographic reporter in each of the large cities of the country, whose duties consist in the securing of information respecting effects of new remedies, best modes of treatment, illustrative cases, etc., from those most competent to instruct. By this means we not only materially increase the amount of valuable contents monthly, but secure heretofore unprocurable matter. Some of the most talented men of

the profession are so entirely occupied as to have been prevented, in many instances, from offering any expression of their knowledge and valued experience.

Although this system involves a very considerable additional expense, no alteration will be made in the price of the publication. As heretofore, many distinguished physicians and writers, whose names have appeared in our columns, will furnish brief communications on important practical topics. Under no circumstances will theoretic articles or personalities be permitted.

In conclusion, we thank the profession for many kind commendations, coming very frequently from the most honored of our school, and we shall be pleased if the reciprocation of our efforts be expressed by the prompt renewal of subscriptions by those whose term ends now.

Very Respectfully,

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### COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

A special meeting of the Detroit Homœopathic Institute was held at the rooms of the Free Dispensary last evening to consider and act upon the report of a committee appointed at a previous meeting to inaugurate measures to establish an incorporated society. This committee, through its chairman, Dr. J. G. Gilchrist, presented a constitution and by-laws for the proposed society. These

were taken up, considered by sections, and adopted. The name of the association is the College of Physicians and Surgeons of Michigan. The object is the systematic study of medicine and all collateral sciences, the accumulation of a library for the use of its fellows, the establishment of pathological, historical, and scientific museum, the organization of a laboratory for the experimental study of chemistry, physiology, pathology and microscopy, and to advance the cause of scientific medicine in every way that may be feasible. Three classes of members are provided for—active members, consisting of physicians resident in Detroit, Wayne county, or contiguous thereto; corresponding members, who shall be residents of Michigan; honorary members, who shall be distinguished members of the profession. The dues are \$1 quarterly, exacted of active and corresponding members. Meetings are to be held weekly for the hearing of papers and the discussion of scientific questions. Library, museum, and laboratory are provided for, with fees for their use, and provision for material for supplying them. The constitution and by-laws having been adopted, the organization was perfected by the election of the following officers: President, J. G. Gilchrist; Vice President, T. F. Pomeroy; Recorder, R. C. Olin; Corresponding Secretary, D. J. McGuire; Treasurer, F. X. Spranger; Curator, Wm. M. Bailey; Executive Committee, J. D. Craig, F. Woodruff, J. D. Kergan. On motion, Dr. Gilchrist was appointed to give the first monthly lectures, Dr. McGuire the second, and Dr. C. C. Milder the third. The lecturer for each month, gives lectures on each Monday evening of the month. The meetings will be held for the remainder of the year at the rooms of the Homœopathic Dispensary on Shelby street. Dr. Gilchrist announced the subject of his lectures for November, and the college then adjourned for two weeks.

#### ITEMS OF INTEREST.

It is the custom of *this* publication to discontinue the sending of the journal at the expiration of time paid for. Subscribers kindly disposed to continue will please send orders for next year at once.

Amongst the interesting items of literary intelligence in Paris at the present time, it may be mentioned that Madame Durand, better known to the world of readers under the name of Henry Greville, has made a contract with Miss Helen Stanley, a correspondent of the *New York Evening Post*, whereby, she will hereafter translate all of Henry Greville's

novels from the original manuscript in French, into English, for their publication in America simultaneously with their appearance in Paris. By this arrangement they will retain all their flavor, Miss Stanley having both the ability and conscientiousness requisite for doing them justice. She has just finished translating "L'Aimee," or "A Friend," and the manuscript of it has been forwarded from Paris to T. B. Peterson & Brothers, Philadelphia, who will publish it in America, simultaneously with its appearance in Paris, in uniform style and price with their editions of "Sonia," "Savell's Expiation," and "Gabrielle," by the same author, issued by them. The scene of the story of "L'Aimee," or, "A Friend," is laid in Paris, at the present time, and shows eminently Henry Greville's great talent for analyzing character. She draws her pictures in a way she possesses above all others, and this story of French home life in Paris will touch many hearts, as it shows how the love of a true and good woman will meet with its rewards and triumph at the last. Had Henry Greville never written another work, this one alone would establish her fame.—*American Register, Paris.*

It is often asked why are not our journals equal to those of the older school, and the usually ascribed explanation is "lack of support and field," there being ten practitioners of the latter class to one of our own, but there is another and important reason: as much in advance as is the homœopathic system of medicine over the allopathic, so much superior also, *should be* the former's journalistic representation. Remember then, those who complain, that the perfection aimed at must be, by far, the greater accomplishment if attained by the homœopathic journal.

#### PERSONALS.

Prof. G. A. Hall has diphtheria.

Dr. A. R. Barrett has removed from Nashville, Tenn., to Richmond, Va.

Dr. G. E. Chandler has removed from Cambridge City, to Lewisville, Ind.

Dr. W. P. Roberts returns to Barrington, Ill., succeeding Dr. Keck, who enters the commercial arena.

Dr. E. D. Doolittle, removes from New Brunswick to Phillipsburg, N. J., where was in practice five years ago.

Dr. Gorham, of Cheyenne, has removed to Albany, N. Y., and taken the practice of Dr. E. B. Graham, who goes to Cheyenne to take the practice of Drs. Bowman & Gorham. Dr. Bowman has removed to Denver, Col.



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## DECEMBER, 1878.

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We want several copies of the November and December numbers, Vol. i., for which we will pay 25 cents, or will send a binding case for Vol. i. or ii., postpaid.

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Such work is still incomplete, as we have over a hundred cases of fever still in charge; are taking up five to ten new ones daily, and have nurses and representatives in interior fever districts who cannot yet close their labors and report results.

When all such labors are closed we shall then be pleased to submit our statement to you,

which, covering a much wider range of work than we anticipated at the outset of our labors, has been alike productive of pre-eminently successful and satisfactory results, carrying, as such united labors have, the first gleam of light to many a plague-stricken family, village, and town, converting, in some instances, entire communities, including in one such, two allopathic physicians to homœopathic practice.

All our early opponents now acknowledge the necessity for our organization, and the merits of its wide-spread work, except perhaps, one local homœopathic physician. He agreed to co-operate with us at first, but subsequently withdrew—for whatever cause—and has since used his best endeavors to injure the association locally, to no effect, as our work was too effectual a reply; but, by his misstatements abroad, has possibly retarded some charities that would have further extended our work, with what consistency we leave the friends of homœopathy to decide.

Renewing thanks for kindly interest, we remain,  
Very truly yours,  
C. G. FISHER, *Secretary*.

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# AMERICAN HOMŒOPATH,

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## OXALIC ACID IN NERVOUS APHONIA, WITH CARDIAC DERANGEMENT,

E. M. HALE, M.D.,

*Professor of Materia Medica and Therapeutics, Chicago Homœopathic College, Chicago.*

A woman aged 45 was sent me by a country practitioner, with a note stating that the woman had some cardiac trouble, but whether functional or organic he could not decide, but he was inclined to the opinion that it was functional, because the palpitation, etc., seemed to alternate with a peculiar aphonia, or weakness of voice, *i. e.*, when the aphonia was present the heart's action was nearly normal and *vice versa*. On examination of the heart I could find nothing abnormal, except a slight irregularity in rhythm and force, but then she was then suffering from almost complete aphonia. I prescribed *Hydrocyanic acid* 6th, but, to my surprise, after two weeks no improvement was manifest. She returned home under

the use of *Causticum* 6, and I was informed by her physician that in a short time the aphonia suddenly left her, and then violent palpitation and irregular action of the heart set in. I suggested the use of *Lycopus*  $\Theta$  or *Digitalis*, 1-x, which was tried, but with very little real curative effects. Some months after she came to me again, with almost complete aphonia. Since I last saw her I had found in the *North American Journal of Homœopathy* a study of Oxalic acid, in which it was stated that cases of poisoning with that drug sudden and complete aphonia had sometimes occurred.

I prescribed *Oxalic acid* 6th, and with surprisingly happy results, for in a few days the aphonia improved and she

soon regained her voice, *without a return* of the cardiac trouble. I then diagnosed that the case was one of some lesion of the sympathetic. A study of the pathogenesis as found in the *Etyc. of Mat. Med.*, vol. vii., shows the following symptoms :

**VOICE.**—Very hoarse voice. *Lost her voice for eight days.* Voice changed from deep bass to a very low key. Weakness of voice for a month.

**Heart.**—Heart in a continual flutter-

ing palpitation. Heart's action feeble and irregular. Palpitation and excessive action at night. In the case of poisoning the weakness and loss of voice and the cardiac disturbance seemed closely connected.

The only other remedies which appear to have these two conditions combined or alternating are *Hydrocyanic acid* and *Coca*. A further study of these remedies will probably develop very interesting points of comparison.

## STENOSIS OF THE CERVIX UTERI.

*A Clinical case illustrative of the Law of Cure, read and discussed before the Homœopathic Medical Society of the County of Philadelphia.* By HENRY N. GUERNSEY, M.D.

REPORTED BY CHARLES MOHR, M.D., SECRETARY.

Prefatorily Dr. GUERNSEY said: "I desire to speak of the value of reporting clinical cases that illustrate the law of cure. If we have a law, let us live up to it. Master the law by going about it in the proper way. In school, when we began the study of arithmetic, we had to make a beginning, but that beginning had to be in the right direction; and by keeping in the right way, we finally learned how to work out difficult problems. So it is in medicine: we must begin right, keep on right, and finally we will become true healers. In a case of diphtheria, which I now recall, in which Bellad. was the only indicated remedy, (and Bell. 40m made a cure in the shortest possible time,) it had to be given *according to the law*, and its action had to be awaited as directed by Samuel Hahnemann. Six years ago I treated a patient for sick headaches, with an inability to pass urine. The catheter had to be used until Conium 70 m (1 dose) was given, because the patient complained of the

characteristic 'great giddiness, worse lying in bed, when everything in the room seems to be going around.' This brought great relief; and another dose, given when the case demanded it, by an aggravation of the same symptoms, cured it entirely and forever."

### THE CASE.

Feb. 27, 1878, I was called to visit a very delicate, sensitive lady, who had been ill for the period of eight years. Her trouble seemed to arise from menstrual difficulties. Physicians in attendance, one after another, diagnosed a narrowing of the passage through the neck of the uterus as the cause of all the trouble. During the menstrual period, scarcely any discharge would take place, but after the period, when all should be over, an offensive dribbling of decomposed blood would continue for several days. During the whole time (8 years), the treatment had been Allopathic, and the main aim was to dilate the canal of the cervix with bougies. Having utterly failed in their

purpose, as a last resort, they proposed amputation of the neck. This proposal so alarmed the patient that she determined to consult me.

I elicited the following symptoms, which give a true expression of the entire malady. In the first place, for two years past, she was fast losing the use of her right shoulder and arm. During every menstrual period the pain in this shoulder and arm was intense, and becoming more and more useless; indeed she was threatened with an entire loss of the use of the arm, which her physicians prognosticated, unless she would consent to have the neck of the uterus amputated. Secondly, at every menstrual approach she would be seized with a sore, irritated sensation in the cervix, which was almost unendurable, making her extremely restless, until the period was passed. Thirdly, she was a martyr to sick headache, having two paroxysms a month—one at every period, and one two weeks later. During these attacks she vomited much acid matter, and desired warm food or drinks, anything cold the stomach would not bear. Fourthly, during the last six months, particularly, the left ovarian region has had spells of troubling her with a sensation of fullness, and it seemed to incapacitate her for walking.

Now, according to the Master, in the subject of these sufferings there was in active operation a chronic miasm, closing up the canal of the cervix uteri, paralyzing the right arm, causing the sore, irritated sensation in the neck of the uterus at every period, developing the sick headaches, with all their attending phenomena, and, lastly, threatening the usefulness of the left leg; all from the effect of one morbid cause. This constitutes a true picture of her disease in general and detail—not simply a narrowing of the canal of the cervix. The case being thus understood, what, according to Hahnemann, is the

remedy?—what medicine in the materia medica shows the greatest similitude?

My first impression was in favor of *Lycopodium*, from the fact that the painful affection of the right arm seemed to be extending toward the left side, in affecting the leg of that side. The disease was progressing from right to left. Again, the sensation in the neck of the uterus reminded me of *Lycop.* in difficult labors as described in my *Obstetrics*, 3d edition, p. 386. Again, she had the headache, associated with sour vomiting, and a desire for warm food. So, in selecting *Lycop.*, it appears to me I was fulfilling the law of the similars. And, now, what is the minimum dose? She has been ill a long time, is very sensitive and apparently suffering from a very deep-seated morbid agent; therefore, I selected the 1mm dilution, following Hahnemann's rule by giving the smallest dose that would cure. I gave her a single powder of *Lycop.* 1mm dry on the tongue. The result was that the next period was more easily borne, the second was attended with decidedly less suffering, and so was the third. The third period after the dose was not quite so well, and she got another dose of the same preparation. The fifth and sixth periods showed further improvement, but after the sixth I think she was somewhat worse, and I gave her another dose, making, in all, three doses in a period of 7 mos. To-day her arm is nearly well; the sore feeling in the neck of the uterus is entirely gone; the menses flow promptly, and there is none of the dribbling as formerly; she walks long distances, and the headaches have nearly disappeared.

Thus we see what seemed to be a mechanical cause of her sufferings, from an Allopathic point of view, has been completely overcome by bringing the dynamic force of a single remedy to bear upon the dynamic force of the disease, which caused the apparent mechanical obstruction. And so it is in all



diseased conditions. The abnormal vital force becomes the contributor to all that follows. Hence the perfection and the beauty of Hahnemann's grand system of medicine; and, now, if all our physicians, young and old, would but seek to fulfil the grand law of cure, we would have less and less of the knife and the galvano-cautery, and all other barbarous means for the performance of useless surgical operations. The glorious art of healing would then rise to its due proportions, and the art of surgery would take its proper place.

#### DISCUSSION.

DR. B. F. BETTS said he believed in the usefulness of reporting clinical cases, but we must be sure that we understood the cases, and that our medicines performed the cures, and not nature. Allopatis constantly accuse us of making no cures of any serious cases. This arises partly from the fact that cases are carelessly reported. He thought the case of Stenosis of the Cervix, reported by Dr. Guernsey, was one of those cases cured by nature, because the case was let alone. The soreness of the neck, and sensitiveness of the left ovary were due to the use of instruments, and the after discharge (the dribbling), was due to the mechanical treatment; Cervix had been dilated too much; cannot believe that a dynamis produced the trouble in the canal.

(DR. GUERNSEY here inquired how it was that the Stenosis had existed before any probe had ever been used). We should, of course, report cases, truly cured by homœopathic medicines, in order to strengthen others faith in Homœopathy. While we should give Homœopathy due credit, we should also credit nature.

DR. H. N. GUERNSEY said nature does *all* the curing, our remedies merely assist. There is not a tissue in the body that has not a connection with some other tissue, all under the influence of

one life force, and all these, the nails of fingers and toes even, are amenable to medical treatment, if this life force is deranged. If nature cures, unassisted by medicines, what is the use of poring over books to find a suitable remedy—why not let nature do it?

DR. BETTS said Dr. Guernsey mistakes my meaning. I think it essential that every case should be carefully studied, and that great care should be exercised in giving the remedy.

DR. P. DUDLEY found much fault with the generality of reports of clinical cases. Many cures are reported, cures being attributed to some particular remedy, when doubtless some quite different medicine according to his knowledge would have proved curative. We should so acquaint ourselves with our Mat. Med. that we may prescribe for acute cases at once, without resorting to reading up. He is attending a lady who is pregnant and certainly four weeks over time; some weeks ago she complained of griping soreness in the uterus, worse from pressure; his knowledge of Mat. Med. enabled him to give at once *Caulophyl.*, and to promise his patient that she would be better in a few hours.

DR. E. A. FARRINGTON said no estimate can be placed on the value of reports of clinical cases if well done. The same organon that tells us how to prescribe, tells us how to know when our medicines have done their share in the cure.

When cure is due to assistance rendered nature by medicine, we find symptoms disappearing in reverse order to their appearance; in other words, the last symptoms disappear first. Symptoms disappear in opposite directions.

In case of Rhus poisoning, right side of face invaded first, then goes to left side, or may go downward, involving scrotum. Here, if *croto. tig.* is given, the march onward is at once checked. Pathology must not be put

out of place—it may serve a purpose. If a man has herpes zoster and received *rhus tox*, we know the pathological process is stopped by the medicine, if the eruption ceases its onward march. There must be pathology in every case—when we have the vital force or the dynamis changed, giving rise to change of function, then we have pathology. Each case therapeutically is a case for itself. Some six weeks ago, I attended a child who, I supposed had jaundice—stools were as yellow as saffron, there was much straining, &c. Gave *merc.*, and next day found child had *measles*. Therapeutics are above all such helps as pathology gives.

DR. H. N. GUERNSEY said, in chronic diseases the main features move onward until medicine changes this. When prescribing for a chronic case, do not interfere with such acute symptoms as may arise, by the administration of another remedy.

DR. A. KORNDORFER said; I rise as a peace-maker. Dr. Betts has committed himself, but he does not really mean what he says. *Lycop.*, in Dr.

Guernsey's case, certainly did something. On the other hand, Dr. Guernsey underrates pathology too much. In Hahnemann's writings, we find him (Hahnemann) an earnest student of pathology, although he cried down the pathological notions of his day. But he gave us his Psora theory, his Syphilis theory, and his Sycotic theory. He spoke of small-pox as an entity, and in his scarlet fever cases, he differentiated and diagnosed each case. In correspondence with Dr. Hering, Hahnemann himself says, 'if pathology is a science, it must be taught.'

DR. B. F. BETTS said; I can't accuse a dynamis for every case of Stenosis of the cervix.

DR. H. N. GUERNSEY said; I have purposely left any mention of pathology out of my paper, to avoid needless discussion, but why I am accused of ignoring pathology is an enigma. I do believe in pathology, but *I am the kind of a pathologist that Hahnemann was*. As soon as a patient feels unwell, we have a deranged dynamis, which, if not corrected, will end in pathology by and by.

## OBSTETRIC PALPATION OF THE ABDOMEN.

*Extract from a lecture by SHELDON LEAVITT, M.D., Adjunct Professor of Obstetrics, Hahnemann Medical College and Hospital, Chicago.*

\* \* \* Palpation fills a most important niche in the system of physical diagnosis. Its employment in the study of pathological conditions has doubtless been not only taught, but demonstrated, to you in the various regular clinics which are afforded in connection with our college course. Its value has also been shown to not a few of you in my obstetrical clinic, and you have been permitted to verify

it for yourselves. The educated hand, unaided by vision, can elicit and elucidate occult physical states, and can interpret morbid signs, with surprising accuracy and facility.

The place of palpation in midwifery practice could not be supplied, as the accoucheur can acquire a better knowledge of essential conditions by bringing to bear the sense of touch than by the use of any other separate

means. Indeed, were he bereft of every other sense but this, he could, with a thorough knowledge of the science and art involved, make an excellent showing by the side of his ordinary competitor.

The observations which will follow are limited, in their application, to that particular part of the female in which we discover the most prominent signs of pregnancy, namely, the abdomen.

Palpation of this part is sometimes rendered nugatory, by reason of certain conditions, prominent among which are the following :

1. An unusual deposit of adipose tissue.
2. Tenseness of abdominal muscles.
3. Sensitiveness of abdominal parietes.
4. Vessical distention.

The abdominal walls are sometimes so thickened with fat as greatly to obscure the organs and their contents thus encased. This constitutes the most formidable obstacle to a satisfactory exploration by the hand, and one that is pretty sure to render the results, in their minutiae, extremely ambiguous. Cases like this require strict observance of the rules regarding position of the patient, and mode of examination, in order that valuable knowledge may be obtained.

The abdominal muscles in general, and the rectus abdominis in particular, are liable to contract forcibly under the stimulus imparted by the first touch, and thereby greatly embarrass the examiner. Careful manipulation and gentle demeanor may, by winning the patient's confidence and removing her fears, be sufficient to overcome the difficulty. Such efforts, proving futile, you may have recourse, if the exigencies of the case demand, to an anæsthetic. I shall shortly allude to the influence of position upon the abdominal muscles.

In some women you will find the abdomen extremely sensitive to pressure. The tenderness may not be general, but in particular spots. Observation has

taught me that such a state of the abdominal parietes is most common in the first and last weeks of pregnancy. In the first instance it is probably due in great measure to the tense urachus, and in the other to distended abdominal tissues. During the puerperal state, extreme sensitiveness to firm pressure most frequently accompanies inflammation.

When the bladder is distended it rises above the symphysis pubes, and lies between the enlarged uterus and the abdominal coverings ; but when empty it sinks behind the pubes. Hence, I say, the relations of the bladder to abdominal exploration should not be disregarded.

Having directed your attention to the unusual obstacles which sometimes lie in the way of satisfactory palpation, I have prepared you to appreciate the following brief rules regarding the preliminaries of examination :

Place the patient on her back, with the thighs at a right angle with the body.

Have the bladder and rectum evacuated.

I am led to offer a few observations regarding the mode of applying this means of diagnosis, from examinations by palpation which I have seen some of you make. These may be comprehended in a few words. *Be easy ; be natural.* Do not tickle the woman with light touches of the finger tips, nor stand aloof and reach her at arm's length. In early pregnancy, and after labor, one hand only is essential ; but the large abdomen requires both hands. The erudite touch comes largely from practice, but its education can be hastened by proper attention and study. In these investigations learn to apprehend within the grasp the various relations of parts at one and the same time. When we examine an article in the dark we do not seek to learn its dimensions and relations by touching



different surfaces and angles here and there with a single hand, or the fingers of both hands ; but we aim to cover as much of its opposite surfaces as possible with our palm surfaces at the same moment. Similar rules should be observed in our abdominal palpations. In this manner the sense of touch is made not only to rival, but in a measure to substitute, the sense of vision, while it penetrates to greater depths.

This means of diagnosis has been pointed out to you as invaluable in the investigation of suspected pregnancy, and I need add but very little to the observations offered in my lecture on the signs presented by that interesting condition. When you reflect that, in spare subjects, the fundus of the non-gravid uterus may be felt through the abdominal parietes, though the organ then lies in the pelvic cavity, you are prepared to attach to palpation a high value as a means of diagnosis throughout pregnancy. By means of conjoint touch, its long diameter may be brought between the two hands, and its bulk estimated with much precision.

Specific rules are laid down by some authors for locating the height of the fundus uteri as it slowly rises toward the ensiform cartilage ; but I confess my inability to apprehend their advantage. An examination, though hurriedly made, will rarely fail to disclose the height which it has attained in its upward progress. The uterine walls in middle or later pregnancy may be found, under the first touch, relaxed and yielding, and the features for which you seek vague and uncertain ; but, under the stimulus imparted by the hand, they grow firm, and take on form, from muscular contraction. During prevalence of the latter state, or during its accession or recession, the desired outline may be traced. In the intervals between contractions, fluctuation is generally distinct, owing to the quantity of liquor

amni. Immersed within this is the developing fœtus, which is to be felt through the abdominal walls and easily moved about. The fœtal head may sometimes be grasped by the hand and pushed from one side of the mother to the other. Movement of the child within the womb is accomplished with such facility by palpation that upon it has been developed one of the most important signs of pregnancy. But *ballottement*, or tossing of the fœtus, cannot be practiced as gestation draws to a close, for lack of room within the uterine cavity.

Much more can be learned from palpation regarding presentation and position than many suppose. The location of the head can generally be made out, and from it the presenting fœtal surface may be quite accurately determined. The direction, too, of the child's back, whether forward, backward, to the right, or to the left, may, for the most part, be clearly ascertained. Facts of this sort are invaluable to the obstetrician, and any study which will serve to develop them ought not to be overlooked or lightly esteemed. If all who practice obstetrics were better versed in this serviceable kind of knowledge, there would be fewer instances of mistaken presentations and positions, where it is essential that they be correctly determined, and therefore less crude and unsatisfactory treatment.

If the head is dependent, as in the vast majority of cases, it may be felt by palpation of the hypogastrium, directly above and behind the symphysis pubis. The feel of the head, whether *per vaginam*, or through the abdominal parietes, is quite different from that of any other part, because of its comparative solidity. Moreover, it may here be recognized by the impression of rotundity communicated to the examining hand. This feature of it cannot be made out from light pressure, but only from deep and firm palpation. If

the head chance to be located near the fundus uteri, it may usually be found with facility, especially during labor.

When the child lies transversely, a careful use of the hand will, in the main, disclose the fact, together with the location of the various parts. The information thus derived will afford valuable aid in diagnosis, when the character of the presentation, as felt *per vaginam*, is obscure.

The relations of the dorsal and ventral surfaces of the child to the mother may be learned from palpation. If the fetal extremities are directed forward, their irregularities will be felt, and their movements easily detected. Observation has taught me, however, that they are rarely turned toward the mother's anterior, but to the lateral uterine walls, while the back lies upon the opposite side. When such a position is assumed by the child, the extremities are to be felt, while an unbroken surface is presented by the back, upon a corresponding part of the opposite side. The hand may be passed toward the fundus uteri and there discover the nates, the examiner not forgetting that the fetus is bent forward, so that the final curve is very decided.

Palpation as a means of diagnosis is sometimes sufficient in itself to demonstrate the existence in utero of two fetuses. In such cases there is, in general, an unusual bilateral development of the abdominal tumor, caused by the presence of a fetus upon either side. The furrow between the bodies may be felt, being a feature altogether foreign to a single pregnancy. In exceptional instances the outlines of both may be separately traced.

In extra-uterine pregnancy at an advanced stage, we often find the fetal form clearly recognizable, even by the eye, and to the hand it gives the impression of superficialness, the integument alone seeming to intervene.

Pseudocyesis, or spurious pregnancy,

may be discovered from palpation. With or without the relaxing aid of chloroform, the abdominal parietes may be depressed until they come in contact with the spinal column, thus demonstrating the absence of what was supposed by the patient to be extensive uterine expansion.

A full bladder is a serious complication of labor, and the attendant should not forget that it may be discovered by the hand above the symphysis pubis. The superimposed tumor so produced may extend nearly to the umbilicus; but, however large, it can be removed by the catheter.

Palpation renders great service in the elucidation of various other conditions, before and during labor; but let us pass on to consider its use after delivery. As you follow down the contracting uterus during expulsion of the child, and, later, during extraction of the placenta, you will find, in most cases, that the organ condenses firmly like a hard ball behind the symphysis pubis. As the hand remains upon it you discover, after a time, slight relaxation, so that for a moment it has a doughy feel; but it soon contracts again, spherically, as before. This alternate contraction and relaxation will continue for a considerable period. In other cases the uterine globe is much larger, but very hard and well condensed. More or less relaxation occurs at intervals, but the general tone of the organ is good. Such a condition cannot be considered unfavorable, but appears to depend on thick muscular uterine walls. Again we may find the uterus about as large as in the last instance, but without the hardness which the accoucheur delights to feel. At times its form is altogether lost, and we search for it in vain. These are unpropitious cases, though untoward results do not always ensue. In a fourth class of cases the uterus seems wholly devoid of energy, and fails to assume a definite outline for a considerable time, and then very reluctantly

and feebly contracts. In such cases violent and even fatal hemorrhage is liable to follow, a contingency rarely or never occurring during firm uterine contraction.

The presence in utero of a second

child is to be determined by palpation. The womb, instead of sinking low toward the pelvis, in firm condensation, maintains a large, but yet firm figure, while through the abdominal parietes may be felt the inclosed fœtus.

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### ABSCESS OF LIVER.

W. LOVELL DODGE, PHILADELPHIA, PENN.

Mr. T., 51 years of age, bilious temperament, was seized with a severe attack of typhoid fever in November, 1876. The disease had too far advanced when I saw him, to prevent an illness of twenty-one days before there was any improvement in the case; the convalescence was slow; he suffered from a great deal of pain over liver and about the right shoulder. As soon as he was able to go out, he moved to a distant part of the city and fell into the hands of an allopathic physician, who treated him for everything but the right one. I was sent for in August, 1878, and found him suffering from the same pain as before; bowels seldom moved; tongue coated a deep yellow; no appetite; very much emaciated and much swollen over liver, and very tender; the pain excruciating at times; no discoloration but great tenderness and throbbing at times between eighth and ninth ribs. I told him he had an abscess of the liver, which must be opened at once or it would find an opening itself where he did not want it, and said I would call the next day and open it, to which he consented. In the afternoon the other physician came in and told him it would be sure death to put a knife in the side,

and said there was no abscess, &c. When I called next day he had decided not to have it done, but after some conversation consented. I etherized him. At the depth of two inches I found pus, and nearly a quart was discharged of offensive dark pus. I then injected about two quarts of warm water and thoroughly cleansed it; then introduced a tent into the opening, gave mer. viv. vi. every three hours; next day injected more water; after it had been all evacuated, injected Iod. Potassa grs. xxx., Comp. Tr. Iodine gttss. xx., aqua  $\frac{3}{4}$  vi., and let it remain for twenty minutes; kept the tent in for ten days, which was taken out each day and pus allowed to drain away; was kept upon mer. viv., going up different attenuations, to the 30th. The recovery was rapid, and no bad symptoms from the injection; in one month the tongue had cleaned, all swelling gone, and discharge nearly ceased; appetite good, and at this date is in perfect health and nearly back to his old weight. The allopathic physician still persists in saying there was no abscess of liver, but the pus came from his lungs.



## DOES CAULOPHYLLIN GIVEN DURING PREGNANCY SECURE EASY LABOR?

GEORGE LEE, FREMONT, OHIO.

Dr. Storke's paper in the December number contains statistics that appear to answer this question in the negative. He gave a 5-grain dose of caulophyllum, 3rd x in the morning, and the same amount of macrotin in the evening, beginning the treatment four to eight weeks previous to confinement. The conclusion is that the treatment is of no benefit in determining an easy or a speedy labor. He gave this treatment in 203 cases. It is not to be expected that caulophyllum should be of use in every case of pregnancy. I encourage my lady patients who are in the maternity business to confide their condition to me at least a month before they expect to be confined. In some cases I prescribe a course of caulophyllum—not in every case by any means. To illustrate: Mr. G. came to me one night with a request for my attendance upon his wife, who was about to be confined. I found her complaining of sharp, twitching pains of considerable severity. My questions brought out these facts: Her three previous confinements had been very severe and tedious, with a breech presentation in each instance; each confinement had been preceded by many false pains and much nervousness; in this instance, also, she had been tormented with false pains, but judged them to be genuine on this occasion, because of their uncommon severity; her time was not up, according to her reckoning, but she supposed she must have made an error.

I found the os undilated; gave her a dose of caulophyllum and said I would go to bed and sleep till needed. I was not called until breakfast time. Found Mrs. G. engaged in her morning house-work, with an unusually demure expression on her face. I prescribed caul. and puls., the 3rd x of each, in

alternate doses, four hours apart. Two weeks later she was confined. The labor was easy and natural in every respect. Had not been troubled with false pains since my earlier visit. In view of the history of her previous confinements, I cannot but conclude that the caulophyllum was useful. From this and other cases, I am inclined to believe also that puls. may be so prescribed as to aid in securing a natural presentation.

I will give another illustration: Mrs. L., mother of two children, applied for relief from what she believed to be a false conception three months along. Her mother, she stated, had been subject to this accident, and herself two years previously had nearly lost her life from the same cause. Her symptoms: Cessation of menses, but occasional loss of blood, feeling of tension and fullness in the uterine region, bloated abdomen, weakness, fretful and irritable moods, apprehensiveness, fugitive pains in uterus and ovaries. Examination revealed the cervix swollen and congested, the os pouting and tightly closed.

She said that she could not bear to go through with such a time as she had before, when she lost a great deal of blood and became greatly reduced.

I put her upon caulophyllum 2nd, but the results did not satisfy, and in a few days I substituted the tincture—"five or six drops twice a day," with immediate benefit. In about three weeks a mole was expelled with comparatively trifling inconvenience to herself. She lost but a moderate amount of blood. Being without a servant, and obliged to entertain guests who inopportunately arrived, she did not remit her household duties a single day. For this happy issue out of her

affliction she gives the credit to my prescription.

One more illustration: Mrs P., mother of several children, a poor man's wife, and in poor health, sent for me in a confinement. I found the os dilated to the size of a silver dollar, at which point it remained for six hours, labor making no progress. She had weak pains that passed off with a shiver, and effected nothing. But she groaned and "took on" terribly. I concluded to help her with *caulophyllum*, went to the nearest drugstore, and got a bottle of fluid extract. Gave five drops; in fifteen minutes gave ten drops more, and fifteen minutes later gave twenty drops. Business now began in earnest, and with the help of another dose of ten drops, which might have been dispensed with, the baby came "just a-scootin'."

My idea of *caulophyllum* is that it is a uterine tonic, and that its administration is called for in cases of uterine debility and non-co-ordination of the uterine forces. It assists a weak and irritable uterus to recover its normal tone, and to a considerable extent it allays the congestion which arises from the presence of an irritating substance in utero. These inferences may be fairly drawn, I think, from Dr. Hale's study of the drug, if indeed, he does not state them in so many words; from its pathogenesis as given by Dr. Hering, and from the cases in my own practice in which I have found it useful.

I like *caulophyllum* in tincture or dilution better than any preparation of *caulophyllum*, and my experience is in favor of liberal doses of the tincture and low dilutions.

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## THE TREATMENT OF ERYSIPELAS.

CLARENCE M. CONANT, M.D., MIDDLETOWN, N. Y.

The history of the treatment of erysipelas by homœopaths has so far been one of which none of us need be ashamed. It has shown a wonderfully small death-rate and a uniformly brief course of this dreaded disease, even under adverse circumstances, as compared with allopathic treatment. But the signs of the times indicate a far more brilliant future in this field for the Hahnemannian, for homœopathy has shown itself, both in the past and present, a living growth, and its adherents the most liberal of scientists under what they know to be law.

The chief anxiety of the physician in the earlier stages of all acute skin affections must ever be that the eruption be fully and promptly developed. And

the objective manifestation of the deep constitutional disorder once established, the danger has not yet fully passed; the eruption may recede, and fastening itself upon some occult organ, make fatal and speedy havoc. And this is not a very unfrequent occurrence, for many conditions, such as a sudden chill, a dietetic imprudence, or a powerful emotion, as well as an injudicious local interference, may cause the disease to quickly change base, and suddenly encompass the defeat of the doctor by the death of the patient. Local treatment in most cases of erysipelas is dangerous, in many entirely superfluous, and in not a few positively a hindrance to the cure. We venture the opinion, that all cases of non-ulcerative derma-

titis will do better with little or *no* local treatment than when this latter is applied. And very many erysipelatous ulcers may be promptly and permanently healed by the *similimum* alone. Doubtless there are bland non-medicinal applications which may be used greatly to the relief of the patient; to these none but fanatics will object. We have often advised, for burning and smarting of the inflamed skin a little finely powdered corn starch or flour; if there be itching, a little of the fat of bacon gently rubbed upon the affected parts will relieve magically; if there be great heat and smarting and itching, occasionally pure glycerine is a useful application. But whenever we get at *the remedy* all these irritating sensations will be promptly removed without any local assistance.

In the treatment of erysipelas *parts* and *sides* of the body must be as carefully considered as are the objective symptoms. The immortal Bonninghausen, in his "Therapeutic Pocket-book" and in the "Sides of the Body," gave this subject much attention, and it is one too much neglected in this later day. The subjoined indications are the results of much careful observation at the bedside and many hours of patient research.

We shall note with each drug the potencies which have served the best, believing, in common with many colleagues, that at present neither high nor low potencies can be ignored, and allow the doctor and the patient the best chance to cure and be cured.

*Aconite*.—Early stages with high fever, flushed face and thirst, cold and hot flushes. When the eruption localizes, usually aconite has done all that it can do. We use mostly 1st and 200.

*Amm. Carb.*—Old people; many brain symptoms, with a fully developed eruption, right side, especially extremities. We use 30 and 200.

*Anather-Murric*.—Much swelling of

arms and legs, dark red or bluish eruption, tending to suppurate. We use 30 only.

*Apis*.—Very much œdematous swelling, especially of the face, forming reddish watery bags under the eyes, or completely closing them. The eruption is a delicate pink color, and tends to sphacelate. The pains are burning and stinging. No thirst. Mouth and throat inflamed, covered with blisters, and often ulcerated. *Apis* follows *Bell*. Well, especially for women and children. In vesicular erysipelas with a typhoid tendency a careful choice must be made between *Apis* and *Rhus*.

When the disease threatens the brain, right side first, and then left, we use chiefly 200 and *M*; but where there is marked dysuria, with scanty red urine, the first is to be preferred.

*Arnica*.—Traumatic erysipelas especially. A smooth, dark red eruption, great tenderness and dread of contact. Left side, we use chiefly 200.

*Arsenicum*.—Gangrenous erysipelas, with great prostration, restlessness, etc. Brain trouble; erysipelas of the leg. We use 3d, 30, 200, *M* and 6 *m*.

*Belladonna*.—Smooth bright red shining eruption on the *right* side. Delirium, headache, (stitching pain), thirst, deep brown red urine, convulsive twitchings and cerebral complication. We do not use *bell*. very frequently in this disease, and employ the 200 and *M* mostly; occasionally the 1st.

*Bryania*.—May be useful when the joints are affected, and if the eruption not appearing, it seems indicated. We use 1st cent, 200, *M*. and *C. M*.

*Cantharis*.—Often the only remedy. Large, web-like blisters on the face, burning and smarting as though scalded. Serous exudation, after abuse of *arnica*; persistent pricking; itching, with or without eruption; characteristic urinary symptoms. We use most 200.

*Gelsemium*.—Deep red smooth erup-



tion; retrocession of the eruption; stupid, swollen, dark red appearance of the face. Prostration of the muscular power. Throat sore, occipital headache; tendency to convulsions as the eruption appears. We use the 1st cent only.

*Graphites.*—Erysipelas bulbosum spreading from nape of neck to face, etc. We have never used this drug in erysipelas, but it "comes well recommended"—Left side.

*Hydrastis Can.*—Erysipelas of the face, neck and hands. Chronic loose cough in old people. We use only the 1st cent.

*Lachesis.*—The only drug for a dark red or purplish left side eruption. Aggravation after sleeping. Delirium during sleep (and sometimes when awake). Headache, with bloated dark red face, nausea and vomiting, faintness, and numbness and cold extremities. Gangrenous erysipelas, after belladonna, *lach*—will cure the most desperate cases of erysipelas of the face and scalp after other remedies fail, and is especially useful in the left side. We prefer the 10 M.

*Rhus Tox*—Vesicular erysipelas which tends to invade surface rather than substance; rheumatoid pains all over. Swelling and shining redness; great restlessness. Left side spreading to right. We use 30, 200, M and 10 M.

*Silicea.*—Where the disease attacks the bones, especially the legs and in old people; hectic fever and excessive suppuration, with serious ichorous pus. We use 30, 200, and M.

*Sulphur.*—Smooth red eruptions with much dropsical swelling; in scrofulous constitutions, and after other drugs fail. We use 30, 200, and M.

*Veratrum Virid.*—Vesicular eruption and cerebral symptoms. We use the 1st cent and the 200.

We have merely outlined the remedies which have served us most frequently. But strict individualization of every case is necessary to the highest success, and when we fail or see no drug picture with which we are acquainted, we should search the materia medica to find it. Unexpected cures are sometimes made by unpromising drugs. (vide Special Pathol., p. 32.)

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## THE TRUE SIMILIMUM.

W. J. HAWKES, M.D., CHICAGO, ILL.

A great stumbling block to many contemplating the Homœopathic formula, "*Similia Similibus Curantur*," is the fact that a remedy is said to cure many conditions, the like of which it has never been known to produce. It is not only a stumbling block to superficial friends of the cause, but it supplies a weapon to its enemies. In the case of the friends, this is owing to a partial and imperfect appreciation of the truth. In the case of the enemies, it is that and something worse.

It is for the double purpose of endeavoring to set aright those who are honestly wrong, and of taking the edge from the weapon ignorance may have placed in the hands of those who would destroy us, right or wrong, that this article is written.

I have heard Homœopathic professors say that *pulsatilla* could in no way be instrumental in correcting the position of foetus in utero, "because *Pulsatilla* had never been known to produce a foetus!" That there was no remedy

capable of arresting the growth of a tumor, because no drug had ever been known to produce a tumor, etc., etc. Such expressions as these indicate where the trouble and misapprehension lie.

I announce as a proposition that *The nervous phenomena, objective and subjective, indicating morbid nerve action, and not the result of this morbid action, are the most valuable indications in the selection of the remedy for a given case.*

The nervous phenomena observed in health are physiological; those observed in sickness are pathological. The former indicate a healthy, the latter an unhealthy, action of the nervous system. Both are, however, caused by the operation of the same nervous centres, through the same nervous trunks and branches, the cause of the difference being some morbid condition of the nerve centres, exactly the nature of which we cannot always know.

All the physiological or healthy functions of the body are carried on by and through the nervous system. The impulses or commands directing these functions originate in the nerve centres. The influences arousing these impulses may have their origin at the peripheral extremities of the nerves, or they may arise from volition or will; but the impulse giving functional action to any portion of the body originates in the nervous centres.

The nervous system is the real, living sentient, reasoning, feeling, seeing, loving being. All else in the body is common matter. Sever the root of the motor trunk, or that which gives power of motion to the nerve governing the leg, and the power of motion is entirely and absolutely lost. The subject yet feels as acutely as ever. Destroy now the sensory root which gives the sense of feeling, and you may sear it with red hot irons, or pass through it the most powerful galvanic currents, without the patient's feeling the slightest pain. So with every other function of the body.

Hunger is a nervous sensation, originating in the system at large, and caused by a poverty of nutriment in the blood to supply the tissues. This sensation centres in the stomach, and gives the desire for food—appetite. But it does not digest the food. If the process stopped here, the food would lie an indigested mass in the stomach. But the presence of food in the stomach produces an impression upon the nerve centres, whence arise the nerves governing the stomach; as a result of which action is set up in the glandular and muscular coats of that organ and its co-workers, by means of which, digestion, in all its complicated processes, is carried on.

So with the function of breathing. What is it keeps up that wonderful regularity of inspiration and expiration, eighteen to twenty times per minute, night and day, sleeping or waking, during man's allotted three-score years and ten? It is the result of repeated impressions upon the nerve centres. As in the hunger for food and drink, so also in the hunger for air, the tissues cry out for pure and healthful oxygen to replace the fast accumulating and poisonous carbonic acid. This cry takes the form of an impression upon the nerve centres, conveyed through the nerves of sensation; and those centres in turn send out an impulse or command through the nerves of motion, causing the muscles of the walls of the chest to contract, and thus expand the cavity of the chest, thereby creating within the lungs a vacuum, into which rushes the pure air of heaven, from which the blood draws the life-giving oxygen, and to which it gives off its poisonous load of carbonic acid.

And thus every function of the body is performed as a result of an impression upon the nervous centres.

Likewise also in disease. While physiological nervous phenomena are

indications of a healthy action of the nervous system, so pathological nervous phenomena or symptoms indicate an unhealthy or wrong action of the same governing power, the *results* of which are commonly called disease.

In diarrhoea or dysentery, for example, the "regular" effort seems to be to stop the discharge by an opiate, in some form, acting as a plug, the consequences often being, especially in children, with cholera infantum, serious brain and kidney complaints, often resulting in death. In such cases the treatment argues logically that the discharge is the disease, and if *that* can be stopped, no matter in what way, or by what means, the disease will be cured. Whereas, the discharge is simply a *result* of a morbid impression on the governing nervous system, acting through the trunks supplying those parts. These morbid impressions *rational* medicine proceeds to remove by producing other impressions, thereby correcting the trouble at its root, and the morbid *result* of the morbid *cause* (in this case the discharge) must necessarily cease, as nothing can exist without a cause.

Take the common and eminently national disease, *dyspepsia*, indigestion. What is the condition here and what the cause of the dire distress? It cannot be said that the cause of all this pain and trouble is the mechanical influence of the food. The most indigestible food is often the least irritating mechanically. It is not any chemical influence on the tissues of the digestive organs. It is not caused by any change in the digestive organs proper as a direct result of the character and presence of the food. The appearance and condition of these organs are virtually normal.

What, then, is the condition and its cause?

It is a tired-out, sensitive and irritable condition of the nervous centres sup-

plying force to those organs, and caused by too much and too hard work. The disease is in the nerve centres governing the stomach, and not in the stomach itself. In the beginning of dyspepsia, before a lasting or chronic morbid impression has been produced upon the nervous system, the only problem to be solved in its cure is how best to supply the body with nutriment while the tired-out nervous system is resting. Where it has become chronic, or when a lasting morbid impression has been produced upon the centres, then medical aid is required, besides the rest from work; and a drug impression must be made that will correct the existing morbid condition at the fountain head; and all evidences of disease soon disappear.

Take any of the external expressions of disease dependent upon "humor," or scrofulous conditions; or even the specific variety. We know it is wrong to look upon the discharging surfaces as the disease, and to treat in them that belief. But who has ever explained satisfactorily what the exact condition of the system is from which blossoms such fruit? Is the discharge in any case a real morbid material? If so, where has it been all the while? Is it *matter* which has been scattered to be discharged through the whole body all this time? If so, how does it come to be all gathered at this one point? If it is a material, and is in one part of the body a poison, then is it in all parts and alike a poison. But, if it is in all parts alike, how can it be all gathered to this one point? It is absurd to suppose that a material poison which infects the whole body, wherever the blood circulates and absorbent vessels exist, can be all collected and escape through one small suppurating surface.

Or if, as is too often done, this suppurating surface be cauterized, scarified, closed up, so that this discharge ceases, and there results a metastasis to the



mucous surfaces, the lungs, the kidneys, or even, and very often, to the brain itself, can it be said that this matter has been carried bodily from the initial to the secondary or tertiary point? If so, by what route and how borne? How escape contaminating other tissues on the way?

There is no question that these metastases occur. There seems to be no question that the most critical and scientific examination has failed to discover any difference between the blood or solid tissue of a cancer, scrofulous or syphilitic subject and those of a healthy individual. But such difference is plainly discernable in the product of the respective sores. Where has this change taken place? Not in the system at large; for, as we have seen, no change is discernible anywhere else except at the local point of ulceration or growth. It must, then, be at this local point that the change takes place. The cause for the change cannot be inherent in the tissues; else why should they not develop elsewhere? or why, after suppression and metastasis, should a similar condition be set up in a remote and heretofore healthy part?

It seems to me the only rational conclusion is that these local expressions are but results and evidences of deranged functional activity of the nervous system, the product of which these growths or ulcers are. I am not prepared to demonstrate its truth; but this view certainly seems more reasonable than that there is a tangible *materia morbi* which is carted back and forth promiscuously through the system every time a metastasis takes place. How else explain the power of the average dose of homœopathic practice? No practitioner, scarcely a second-course student, will deny that *Silicia* or *Calcarea*, from the ultra trituration upward, has, without auxiliary medical treatment, rapidly caused the healing

and disappearance of scrofulous ulcers and convulsions of scrofulous origin. They will not deny the cure of chronic rheumatism by the various potencies of *Rhus.* or *Calc. Phos.* and other remedies; they will not deny the cure of chronic dysmenorrhœa and amenorrhœa by *Pulsatilla*, *Secale*, &c., or of metrorrhagia by *Ipecac*, *Sabina*, &c.

But what are the conditions in these various disorders? and what must be accomplished in their removal or correction? And what is the chemical or mechanical power of these agents which we have so often seen remove them? These are questions pertinent to the issue. For, if the trouble to be remedied be a material one, the remedial agent must be chemical or mechanical. In the case of the scrofulous ulcer or convulsions from scrofulous origin, there is a running sore of varied dimensions in the one case, and in the other terrible, powerful and debilitating muscular contractions, racking fearfully the patient's body; and both depending upon constitutional taint, which, according to the material view, is unhealthy matter diffused through the blood and tissues of the whole system.

But how absurdly disproportionate, in that view, is the dose and remedy mentioned! and how reasonable when viewed in the light of the trouble being the result of a morbid working of the nervous system, which controls and governs the most remote and minute functional workings of the animal organism! And what is so sensitive as to be impressed by an odor, a sound, an emotion!

Let the disease be amenorrhœa, with its hydra-headed and distressing concomitants. Does it seem reasonable that the half-dozen powders of the 3d or the 200th potency of *Pulsatilla* or any other appropriate remedy, operates mechanically or chemically to re-establish that necessary function, to remove the hacking cough, the dizzy, dull,

heavy headache, or restore the color to the pale cheek and elasticity to body and mind? In metrorrhagia, does the infinitesimal dose of *Ipecac* or *Sabina* go down and bodily dam up those open vessels, or forcibly contract those atonic uterine walls? No; these physically small doses go to the spot where they can do the most good. They go to the nerve centres, which need no heroic blow to impress; and these correct the morbid condition which has caused the morbid working; and Nature, which is a great conservator, and always striving to keep her affairs just right, removes the visible results.

How easy thus to explain and comprehend the otherwise inexplicable power of the small quantity of medicine necessary for the cure of disease under the teachings of our beautiful law! I wonder it has not long been the acknowledged, accepted and treasured doctrine of our school.

All the physiological functions of the body being carried on through the media and under the control of the nervous system, and all the primary evidence of morbid or pathological workings of these functions; in other words, of disease being made apparent through the same channels; it seems fitting that it should be through the same course cures must be wrought; and that the phenomena presented by this subtle and all-pervading force should be our best guide in the search for curative agents.

I have said that disease was a morbid impression on the nerve centres. Even a tumor or a cancer, or any of the common evidences we have of disease. But it may be said that drugs have never produced tumors, cancers, &c. Neither have they. Nor has any other *transient* influence. A cancer or a scrofulous ulcer has never been produced in a person who at birth was perfectly free from constitutional

disarrangement. In other words, all those affections are in our day hereditary. The cause of them may have been working for generations. It doubtless has. So, in a less degree, with other material and tangible results of diseased action. Their constitutional causes have been working for ages, more or less. But we have evidence that drugs have the same power when persistently and chronically acting. The continual use of opium produces a chronic mania. Alcohol the same. Tobacco produces paralysis. And can we say that a continuous use of *Aconite* or *Cactus* could not produce organic disease of the heart? Is it not reasonable to suppose that these drugs which have such a marked and powerful action on the nerves governing the heart could, if chronically persisted in, finally cause a morbid change in the substance of the heart itself? Can we not imagine a persistent use for years of ergot resulting in a fibroid thickening or tumor of the uterus? Why not, as well as constitutional or non-drug nerve irritants?

But after we had thus produced them, would their existence be as good guides to the remedy which would remove their cause as the nervous phenomena which indicated the peculiar morbid action which produced them? It seems to me not.

"Like causes like" is the law which guides us; but, for the reasons already given, we cannot with our drugs produce the *results* of the *morbid action*; we can only produce the morbid action itself temporarily. The nervous phenomena or symptoms produced by this temporary morbid action are the only evidence and record we have of the sphere of action of our drugs. We do not use drugs in proving a sufficient length of time to get their possible tangible results. We get only their *nervous phenomena*. Consequently *they only* can be the *Similia* of the nervous

phenomena, and symptoms of natural, or more properly, non-drug diseases.

Thus may be seen the fallacy and utter shallowness of the sneering objection to the truth of our law, viz.: that because drugs have never been known to *produce* tumors, etc., therefore, under the teachings of Homœopathy, medicine cannot cure them. These objectors have not reflected that the cause of these growths, the chronic nerve irritants, so-called scrofula, psora, etc., have been acting in many cases for years, while the drug irritant of the proving has acted but a few days, or, at most, weeks.

The nervous phenomena—the symptoms—resulting directly from the immediate irritation of the nerve centres by the drug or the constitutional influences, are alike, and from a similar cause under like circumstances; and the one is consequently the true similitum of the other. Those excrescences and growths which are the results of generations of disease irritation cannot be regarded as the similia of a similar irritation by a drug acting only days or weeks.

Consequently, the most valuable and reliable symptoms in selecting the remedy are those which are purely nervous; as the character of the pain, the cir-

cumstances of time or condition which aggravate or ameliorate it, etc.

A glance at the most valuable characteristics of our best remedies will bear me out in this statement. The anxiety and fear of death in *aconite*; the *stinging* pains of *apis*; the *burning* pains and nervous restlessness of *arsenic*; the throbbing pain and sensitiveness to light and noise of *belladonna*; the shooting pains and splitting headache and aggravation by motion of *bryonia*; the aggravation by downward motion of *borax*; the nervous flying restlessness of *coffea*; the lascivious mania of *hyosciamus*; the deep sighing breathing of *ignatia*; the nausea of *ipæcac*; the stitching pains and 4 A. M., aggravation of *kali carb.*; the bounding sensation of *crocus*; the aggravation after sleep and sensitiveness of throat and abdomen in *lachesis*; the 4 to 8 P. M. aggravation of *lycopodium*; the 3 A. M. aggravation and ugly temper of *nux*; the weeping moods and low spirits of *pulsatilla*; the hot crown and hot and cold feet, the 11 A. M. gone feeling, and the 6 A. M. double-quick of *sulphur*, etc. etc. All these are purely nervous symptoms, and are everywhere recognized as almost unfailing indications for the remedies to which they belong.

#### CILIARY BLEPHARITIS.

Dr. Roy states that this obstinate affection, which resists so many remedies, he finds readily yields to the application of vulcanized caoutchouc applied during the night as a compressing bandage, washing the eyes with tepid water in the morning, and renewing the application again at night. By this procedure the caoutchouc is brought in exact contact with the diseased parts, and the occlusion secures the globe and conjunctiva from all irritation.—*Bull. de Therap.*

#### HYDROPHOBIA.

The forester Gastel, now in his eighty-second year, writes to the *Leipziger Zeitung*: "I will not carry with me to the grave my well-proved remedy for the bite of a mad dog, but publish it as the last service I can render to mankind: Wash the wound in some warm wine-vinegar and water; and having cleansed and dried it, then pour into it some drops of *muratic acid*, because mineral acids destroy the poison of the saliva."



We had signified to the publisher a wish to discontinue our editorial connection with the HOMEOPATHIST, expecting that the change would take effect publicly, in a former number, but at the earnest request of the publisher we deferred this notice until an editorial management could be appointed. This now having been accomplished, we desire, on retiring, to thank the profession for their kind and cordial responses to our calls upon them for subject matter, and for the personal kindness that many have shown us in our editorial capacity.

J. P. MILLS.

Dr. Mills, the able editor of the HOMEOPATHIST, having resigned his charge, it may be appropriate for us, who have assumed the editorial management, to say a few words to our readers, and we hope to establish a clear understanding at the outset.

The journal has been too ably conducted by our predecessor to permit the assumption that we can radically improve it. We will, nevertheless, endeavor to utilize all means at our disposal, and bring to bear such experience as we may have acquired in journalism, to add to its usefulness, and to make it a welcome monthly visitor to all who are interested in the progress and success of our school.

We will furnish our readers with medical information, so arranged and selected that it will advantageously occupy the short intervals of rest which the severe duties of their profession may permit.

We enter upon our duties as homœopaths only in the true sense of the word. There are among the conscientious members of our school, advocates of potencies, some low, some high, and there is occasionally what may be termed sectional jealousy induced by circumstances or location, &c., which often seeks expression in journalistic articles. We do not intend to be trammelled by any of these influences. We firmly believe in the therapeutic law proclaimed by the great founder of our school—*Similia Similibus Curantur*. *This, and this only, is our motto, guide and creed.*

We will be ever ready to cull from every source, and adopt, after a *proper test*, every medical novelty or medical truth which the scientific discoveries of the age or the provings of the laborious homœopath may add to the treasures of the great medical storehouse.

Our efforts will be directed to show to the medical world what homœopathy has done and what it is now doing for the good of mankind—what it has been, what it is, and what it bids fair to become.

We may in some instances be misinterpreted and assailed by those who cannot see good in anything except it fully agrees with their own preconceived opinions. We do not expect that we shall please all. But the truth will prevail, even with such, after it has been well defined. No matter how plain the language in which we may clothe our remarks, it will always be done with due courtesy to our *courteous*

contemporaries, and with no intentional offense to any one.

Our columns will be open to a full and fair discussion of all subjects connected with our practice, however, we reserve the right to cut short any controversy when it becomes too lengthy or when we may deem it uninteresting to the majority of our readers.

Our own views upon any question which may arise concerning the practice in our school will be given editorially, but not as comments, upon the communications of our contributors. Neither do we hold ourselves responsible for the opinions contained in the articles furnished by them.

Under the head of Homœopathy Illustrated, will be given from time to time a history of interesting cases, together with their treatment, and we will condense from the pages of European Journals all that may be new and worth knowing.

Short communications, which do not extend over two pages, will always have the preference and secure the earliest insertion.

Permit us, therefore, to suggest a condensation of articles as much as possible. It is the mark of a vigorous writer.

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*To Contributors and Correspondents.*—We consider every Homœopathic physician a welcome contributor when he has anything to offer which may tend to instruct, or a suggestion to make which may cause others to write on subjects interesting to all. We have not always chosen, and do not intend always to se-

lect, our contributors for the renown attached to their names. There are hundreds of medical men throughout the country, many of them unassuming and humble practitioners in villages, kept there by their modesty and love of being useful, who are close observers, scientific men, and of good literary attainments—the results of whose observations, now treasured in obscurity and lost to the world, would make valuable additions to our store of knowledge. Let us hear from them.

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It may be due to our readers to state, why we have selected the word “Homœopath” as the title for our journal.

It is true, the word is not to be found in Webster's Dictionary, but it is, nevertheless, a good and legitimate word, of Greek origin. It is certainly more euphonic than Homœopathist; but we had a better reason for awarding it the preference, but before stating our reason we will endeavor to justify ourselves for disregarding Webster's authority.

In defining Homœopathy, Webster, on his own authority merely, spells it Homeopathy, and thus obscures, to a great extent, its origin. He defines it, “the doctrine or theory of curing diseases with very minute doses of medicine, by procuring in the patient affections similar to those of the disease,” and for this he gives as his authority the *Medical and Surgical Journal*, [edition of 1848], but in the later editions the definition is modified, but far from being correct. We think

that 'barely calling attention to this absurd spelling and worse definition, will be sufficient to show that the word derived from the two Greek words Homoios and Pathos has been most ridiculously perverted both in form and meaning.

But independent of the above we have good and sufficient ground for using the word Homœopath. We intend it as a definition of an avocation, for which Webster has furnished none. He defines Homœopathist "a believer in Homœopathy;" but we use the word Homœopath to designate a *practioner* of Homœopathy. We certainly have the right to introduce a foreign word, or even to coin one if necessary, to designate any avocation or anything else, for which our dictionaries furnish no name. We shall hereafter use the word Homœopathist when speaking of believers in Homœopathy and the word Homœopath when we refer to the legal practitioners of our school.

Our journal, "The Homœopath" (equivalent to "the Practitioner of Homœopathy") is therefore justly entitled to its name, for we intend to exhibit and illustrate in its pages the Homœopathic practice in all its forms, as administered by the physicians of our school, and thus demonstrate to all

candid persons that we are often misrepresented by our opponents through ignorance or want of candor.

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It is requisite that intending subscribers should mail their subscription at once, in order that they may receive complete file. We print a large edition of this January number, but of subsequent months only sufficient will be printed to supply actual subscribers. A delay till February, therefore, may result in omitted number from your volume.

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We have inaugurated an acceptable era in medical journalism since the introduction of this publication, furnished at the reasonable subscription rate of \$2 per year; a majority of the older journals have *reduced* their former price.

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"Scratches of a Surgeon," by WM. TON HELMUTH, is the description of a new publication in the hands of the publishing house of W. A. Chatterton & Co., Chicago.



## HOMOEOPATHY ILLUSTRATED.

## SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor.

45.

**ACTEA RAC IN DIFFICULT LABOR.**

W. M. HAINES, M.D.,

Ellsworth, Me.

Case 1.—Mrs. M., aged 27, mother of three children, and very sick each time, each succeeding labor growing harder; each child taken with forceps. Last time was sick five days from commencement of labor before the child was delivered, she being much prostrated and the doctors ditto. Applied to me at about the beginning of ninth month of her fourth pregnancy for something to relieve, if possible, her sufferings at that time, and shorten her labor. She was extremely nervous, getting very little rest, with a constant dread of what she feared was before her. I prescribed *Actea Rac*, 2—x, thrice daily. Three weeks later found her much calmer and resting well at night. Was soon after called in to attend her. Had pains about an hour, increased in severity rapidly, and in another hour the child was born. She made a very rapid recovery.

46.

**PROPYLAMINE IN RHEUMATISM.**

H. D. BALDWIN, M.D.,

Montrose, Pa.

Would like to call attention to the use of the above remedy in lumbar and sciatic rheumatism. Pains all through lumbar region, extending into sciatic nerve, and causing the most intense pain whole length of limb. Have used it in this form of rheumatism in eight cases with the most desirable results.

No other remedy was used, and three cases were chronic, patients having never taken anything which relieved them before.

47.

**LACHESIS.**

C. L. HART, M.D.,

Sioux City, Iowa.

I present the following query:

Is amelioration of headache *while* eating (returning again after ceasing to eat) a marked characteristic of lachesis? I am led to this inquiry by the prompt relief following a single dose of lachesis 5 A. M. in a case of chronic headache in which this was the most marked and constant symptom. There were other lachesis characteristics—as the discomfort from slight pressure of clothes at waist and neck, pain in ear, sensation of paralysis of tongue, etc. Location pain, vertex pressure, inducing nausea.

48.

**GELSEMINUM IN INFANTILE PARALYSIS.**

W. M. HAINES, M.D.,

Ellsworth, Me.

Case 2.—Willie H., aged eleven months, when perspiring, was carried into a cold room, and shortly after was taken with severe chill, and immediately went into convulsions, which lasted about six hours. After coming out of the convulsions, found that the whole left side of the body was completely paralyzed, face being drawn round, and complete loss of motion and sensation

in whole left half of body. No more convulsions, but the arm and leg of affected side commenced to shrink in size and temperature to lower in spite of treatment. Used *Sulphur*, *Caut.*, *Lachesis* and *Rhus Tox.*, and applied friction and electricity. Continued this treatment several weeks without the least benefit, the affected limbs becoming more shriveled and colder, and fingers and toes being tightly clenched. Child being *drowsy at times, alternating with very nervous excitable spells, which were followed by a profuse flow of clear urine*, led me to prescribe *Gelsem.* 30, which, with continued friction of the paralyzed parts, caused a marked improvement in a week, and entirely cured the paralysis in less than a month.

## 49.

#### INFANTILE DIARRHŒA AND DYSENTERY.

ASA A. ALLEN, M.D.,  
Perrysburg, O.

In December number of the HOMŒOPATHIST is an able little paper which recalls my last spring's experience with the above disease. I was besieged during the spring and early summer months because I gave medicine the children liked, and as the writer has mentioned but one of the remedies that was of any benefit, I will relate my experience.

The first patient I found with a profuse cold perspiration, face pale, and lips blue, had had greenish watery stools for two days, very thirsty, pulse small, hard and rapid. I gave *Veratrum Alb.* 200 every fifteen minutes, with orders to stop the medicine as soon as it slept naturally, and not to awaken it to administer more. Next morning patient better, but considerable fever, very restless, with frequent passages preceded by pain in the umbilical region, and consisting of water and yellowish substance covered with greenish froth, and sometimes streaked with blood. I then gave *Aconite* 200 and *Mercurius Corr* 200 alternately, every half hour with little or no improvement during the next forty-eight hours. I then came down to *Aconite* 3d decimal every hour, and a powder of *Mercurius Corr* 3d after every passage, which had the desired effect, although in a few cases I was compelled to resort to *Aconite*.

As a diet I used cow's milk, allowing a pint to stand over night, and in the morning dipped off one half of it, and added one-half pint of rain water, and sweetened with sugar of milk, which does not sour as when sweetened with common sugar.

In children who had been weaned I made no alterations in the diet, except restricting them in the use of acids and coffee.

### DIFFERENTIAL DIAGNOSIS OF SYPHILIS AND CHANCROID

COMPILED BY

H. C. ALLEN M.D., DETROIT, MICH.

The following compilation is culled from various authors and sources—U. S. Marine Hosp. Reports, Helmuth, Gilchrist, Holmes, etc., and is submitted in the hope that young practitioners

may be stimulated to obtain a more thorough and accurate conception of syphilis and its differential diagnosis; in order that their professional reputation may not suffer by a thoughtless, hasty,

or mistaken diagnosis, such as was recently made in this city, by which the medical attendant not only lost his prestige as a careful diagnostician, but upon which also the happiness of the family circle depended. Formerly every chancre was called syphilis, and treated accordingly. But it is now generally admitted that there is a broad line of distinction to be drawn between syphilis

and chancroid, the former being always certainly constitutional, leaving hereditary transmissions in its train; the latter purely a local disease. The object of this paper is to make the distinction of the two in their initial stages, so clear that "he who runs may read," and not to discuss fully either disease in its various forms, or to suggest any treatment.

#### SYPHILIS.

"Is a contagious *chronic* CONSTITUTIONAL disease, peculiar to the human race, the result of a specific poison introduced by actual contact of the denuded surface of a previously non-syphilitic person with the virus contained in the secretion of an indurated chancre of a subsequent syphilitic lesion, or the blood of a syphilitic person, the most common means of contagion being through sexual intercourse.

"Syphilis first manifests itself at point of contact, and gradually pervading the entire organism, pursues a protracted course peculiar to itself. A *papula* or erosion—not always distinguishable—followed, *after several weeks incubation*, by an indurated chancre, and later, the lymphatic glands, and it may sooner or later involve every organ or tissue of the body."

Always originates from an indurated chancre, a secondary lesion, or from the blood of a syphilitic person.

Makes its appearance from fifteen to thirty-five days after exposure.

A dry *papula* abrasion, fissure, or crack (not always noticeable) denotes commencement of primary lesion.

Lesions seldom become confluent, and, if more than one, are of the same age.

Not auto-inoculable.

Indefinitely inoculable or non-syphilitic persons only.

#### CHANCROID.

"Is a contagious *acute* LOCAL disease, not peculiar to the human race; the result of a local poison introduced by actual contact of a denuded surface with the purulent secretion of a venereal soft chancre or virulent bubo, the most common means of contagion being through sexual intercourse.

"Chancroid first manifests itself by one or more lesions at the point of contact, which have a tendency to destructive ulceration. A *pustule* revealing itself *within 24 or 48 hours after exposure*, and rapidly developing into a soft chancre, *without any period of incubation*, characterizes the inception of the disease, which may or may not be followed by a sympathetic or virulent bubo. The purulent secretions of chancroids and virulent buboes are indefinitely auto-inoculable; but uncomplicated chancroids are never followed by constitutional disease."

Always originates from (an ulcer) a soft chancre, or virulent bubo.

No definite period of incubation: begins within 24 or 48 hours after exposure.

A *pustule*, or ulcer, which always remains an ulcer, and easily detected, marks the primary lesion.

Lesions often become confluent, and are of all ages.

Highly auto-inoculable.

Indefinitely inoculable alike on both syphilitic and non-syphilitic.



Chancre edges sloping, hard, and sometimes clusted.

Bottom of chancre smooth and shining.

Dark red, copper-color, sometimes almost black.

Secretion very scanty, serous, not auto-inoculable.

Induration firm, persistent, like a ring of cartilage; or faint and parchment like.

Chancre is shallow, seldom spreads or becomes phagedenia; heals rapidly.

Site indifferent, generally on genitals.

Small, round, size insignificant, always non-inflammatory.

No inflammatory symptoms; rarely painful.

Development slow; repair rapid.

Local results insignificant; cicatrix almost imperceptible.

During initial stage, no loss of substance in parts involved.

More frequently met with among the better classes; more rarely met with among the lower classes, during initial stage.

Always hereditary.

Syphilis invariably follows chancre—the system is contaminated.

Perfect immunity to a subsequent attack.

Is not transmittable to animals.

Is a chronic constitutional disease.

Local treatment absolutely pernicious; never beneficial (allopathic).

Cauterization *will not* arrest the disease.

#### SYPHILITIC BUBO.

Specific affection; always follows chancre.

Usually appears during first or second week after development of chancre,

Edges well defined, as if cut with a punch; seldom raised, often excavated.

Bottom uneven and worm-eaten.

Yellow, membraceous, dirty-looking, putaceous.

Secretion abundant; purulent, auto-inoculable.

No induration, unless caused by caustics, not circumscribed, not persistent; shades off into surrounding tissue.

An evacuated ulcer, often spreads, prone to become phagedenic, heals slowly.

Always found on genitals; seldom elsewhere.

Large, irregular, formidable in size, inflammatory.

Every symptom of inflammation; often painful.

Development rapid; repair slow.

Local results severe; cicatrix readily detected.

Loss of substance frequent and prominent.

More frequently met with among the lower classes; more rarely met with among the better classes, during initial stage.

Never hereditary.

Syphilis never follows chancroid—local lesions, but no contamination of system.

One attack no protection against subsequent ones.

Is transmittable to animals.

Is an acute local disease.

Local treatment often curative (allopathic).

Cauterization *may* arrest the disease.

#### CHANCROIDAL BUBO.

Bubo not always present; may be simple or virulent.

May appear at any time.

Gland slightly enlarged ; usually a member involved.

Induration constant ; *non-inflammatory* (diagnostic).

*Skin not adherent ; freely movable over gland* (always diagnostic of syphilitic bubo).

Indolence most prominent condition.

Rarely if ever suppurates ; not auto-inoculable.

Terminates by resolution.

Rarely phagedenic.

Duration a few weeks or months.

If suppurates, lesion slight.

#### SYPHILITIC LYMPHITIS.

Of frequent occurrence.

Vessel may be large as goose quill, hard and indurated.

May extend to base of penis.

Erection and handling not painful.

Skin uncolored.

Terminates by resolution.

No local treatment of any benefit.

Greatly enlarged ; seldom more than one affected.

No induration ; only inflammatory hardness, if any.

*Skin adherent, fixed, immovable* (always diagnostic of non-syphilitic bubo).

Inflammation most prominent condition.

If virulent, always suppurates ; highly auto-inoculable.

Terminates by suppuration.

Frequently phagedenic.

Indefinite ; if phagedenic, may continue for years.

If suppurates, may involve deeper tissues.

#### CHANDROIDAL LYMPHITIS.

Very rarely seen.

Size indefinite—only inflammatory hardness.

Follows course of the vessel.

Erection and handling always painful.

Skin red and inflamed over vessel.

Invariably suppurates ; pus auto-inoculable.

Not often necessary, if proper remedy be selected.

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### NEW PUBLICATIONS.

THE HOMŒOPATHICIAN'S MEDICAL DIARY, ADAPTED FOR ANY YEAR. By E. P. MOSMAN, M. D. Published by C. T. Hurlburt, New York :

This work, besides being a complete visiting list, embraces many points of interest to the physician, and especially in emergencies, poisons and their antidotes being a marked feature. An excellent method of studying the materia medica is also embodied in the work, with the names of all the remedial agents and the parts they principally affect.

The Obstetric Calendar is also of interest, as it enables the practitioner to determine the time of the expected accouchment at a glance. There is also numerous memoranda for patients, nurses, etc., etc.

REPORT OF THE AMERICAN HOMŒOPATHIC AND OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. . Held at Put-in-Bay, June 19th and 20th, 1878.

This pamphlet, besides embodying the interesting address of the President, T.

P. Wilson, M.D. (who is so well known as the able editor of the *Medical Advance*), contains many articles of value, not only to the specialist upon the eye and ear, but to the general practitioner, inasmuch as many cases of disease of these organs go unrecognized by those unaccustomed to make an early examination of them.

An interesting article on Embolism of the Central Artery of the Retina will well repay one to read, together with all the recent advances in ophthalmology, hygiene of the eyes, with report of examination of refraction of public school children, with tabulated statement, form a very instructing part.

The relation of the fovea centrales to the work of accommodation is very fully illustrated, as is also the relation of the ciliary and recti muscles from a therapeutic standpoint, together with various anomalous cases. This useful little work can be obtained for the small sum of fifty cents of Dr. T. P. Wilson, of Cincinnati.

THE NERVES. By DR. HENRY BELCHER.  
London, E. Gould & Son.

When reading the title-page of this little volume, we thought at first that it was intended as a contribution to medical literature on a subject that still needs much elucidation, and is worthy of the labors of our best thinkers and writers. We were soon undeceived. The very first pages of the book showed us our error; it is evidently intended for laymen. But we really pity the poor invalid layman who may become a reader of its pages. The mere reading of it will certainly aggravate his disease. If it does not act as an opiate and put him to sleep, it will certainly become an irritant to his whole nervous system.

But badinage aside, the book talks too learnedly for the medical laymen, and is not sufficiently scientific and explicit for the physician. But the author says himself that he does not intend to en-

lighten the profession. On page 21 we read: "I cannot impart to the world at large my experience in the manipulation of various drugs, the result of many years' observation and thought;" and to judge from the little he gives of his experience in this volume, we do not think that the profession would be much benefited by a gift of the whole.

The book is evidently written to act as a clever advertisement of the author's practice, and will no doubt answer that purpose well, as all such pamphlets do. But we do not advise any one to read it in the hope of gaining any new idea or valuable information from its pages.

It is generally known to the medical profession and those interested in bibliography that Dr. John S. Billings, Surg. U.S.A., in charge of the National Medical Library at Washington, is now ready to print his great "National Catalogue of Medical Literature," as soon as Congress grants an appropriation for the purpose. This indexes under subjects, and by authors, books, pamphlets, and original papers in nearly all the medical periodicals of the world; including over 400,000 subject entries, and making ten volumes royal 8vo of 1,000 pages each. This will be of the greatest value to physicians the world over, as it enables them to find analogues for peculiar and difficult cases, and thus often to save lives. In continuation of this work, it is now proposed to publish monthly, under the editorship of Dr. Billings and of his assistant, Dr. Robert Fletcher, M.R.C.S., a current medical bibliography under the title of the *Index Medicus*. It will be issued by F. Leypoldt, the bibliographical publisher, 37 Park Row, New York, at \$3 per year, and will enter all medical books and index the leading medical journals and transactions in English and other languages. A full list of the latter, numbering over 600, will form a part of the specimen number of the *Index*, soon to be issued.



## PERSONALS.

Dr. H. Underwood has removed from Fairfax, Vt., to Indianapolis, Ind.

Dr. S. E. Warner, of Milford, Mich., is to be married to Miss Sarah Carpenter, of Genesee, Mich., on January 8th, 1879.

## REPORTS OF SOCIETIES.

New York, Dec. 11th, 1878.

The regular monthly meeting of the Homœopathic Medical Society of the County of New York was held this evening at the Ophthalmic Hospital, the President in the chair.

As the meeting was the annual election of officers, the following was announced as the result of the ballot :

*President.*

Chas. E. Blumenthal, M.D.

*Vice-President.*

Wm. H. White, M.D.

*Secretary.*

Arthur T. Hills, M.D.

*Treasurer.*

E. Carleton, Jr., M.D.

*Librarian.*

Jos. H. Buffam, M.D.

*Censors.*

Alexander Berghaus, M.D. ; L. Hallock, M. D. Wm. J. Baner, M.D. ; R. McMurray, M.D., Alfred K. Hills, M. D.

ARTHUR T. HILLS, M.D., *Secretary.*

## JANUARY, 1879.

## PUBLISHERS' NOTICES.

The AMERICAN HOMŒOPATH has a circulation at least double that of any similar journal, a most convincing evidence of its popularity,

Its advertising patronage includes most of the reliable establishments of the country. Much valuable information may be gleaned from a perusal of the pages of this department; in many instances circulars and pamphlets are furnished free upon application, which more explicitly instruct and which are well worth having. Readers, when corresponding with advertisers, will confer on us an appreciable favor by mentioning the journal as the instigator of their inquiry.

All articles for publication should be addressed to Chas. E. Blumenthal, M.D., LL.D., or Arthur T. Hills, M.D., care of the publisher. Subscriptions, advertisements, etc., to A. L. Chatterton & Co., 81 and 83 Clark street, Chicago ; 114 Nassau street, New York ; or, 607 Chestnut street, Philadelphia.

Subscription, \$2 a year *in advance.*

Subscribers wishing to bring the HOMŒOPATH to the notice of their friends, can have *specimen copies without charge* mailed directly from this office, by sending the addresses to us.

All Post Office Money Orders should be made payable to A. L. Chatterton & Co.

In remitting for single subscription it will usually be safe to send in a *well-sealed, plainly-directed* envelope ; but in sending larger sum always procure a Post Office Money Order or send in Registered Letter.

Postage stamps of the 2-cent or 3-cent denomination may be used when necessary to remit fractions of a dollar

Subscribers who have not received *all* back numbers, will confer a favor by informing us immediately.

The receipt of subscription will be acknowledged by sending the HOMŒOPATH to the address of the person ordering it.

Persons ordering a change in the direction of this journal must give both the *old* and the *new* address in full. No change can be made after the 25th of any month in the address of the journal for the following month.

Subscribers will oblige us by renewing their subscriptions a short time before they expire. This saves us the labor of erasing the names and re-entering them upon our books, and also insures the prompt receipt of the journal by the subscriber.

In addressing the publishers, please give your Post Office, County and State, with *name* of street and number (if any), in full.

THE  
AMERICAN  
HOMŒOPATH,

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,  
AND SANITARY SCIENCE.

Vol. IV.—FEBRUARY, 1879.—No. 2.

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HOMŒOPATHY; ITS SPHERE OF ACTION, AND RELATION TO  
CLINICAL MEDICINE,

BY

CHARLES E. BLUMENTHAL, M.D., NEW YORK.

*As read before the New York Homœopathic State Society, at its Semi-annual Meeting held at Middletown,  
N. Y., Sept. 17th and 18th, 1878.*

It has justly been said by an inspired poet, and no less great a philosopher, that "we are fearfully and wonderfully made." But to no one can this be more patent than to the physician.

The painter and sculptor may admire and appreciate the beauty and perfection of form and symmetry of the human figure, when undistorted by the hand of fashion, the curse of toil, or the absurd fancies of a perverted taste. But only the honestly inquiring physician, the sincere searcher after truth and the mysteries of our being, can fully appreciate the force of that quotation when he, scalpel in hand,

and using it as his key, endeavors to penetrate into the hidden secrets of this "temple not made with hands."

The thoughtful disciple of Æsculapius always contemplates with awe this marvelous structure; and while he eagerly seeks to penetrate the mysteries before him, becomes more and more convinced that he and his fellow-searchers will long remain simple *inquirers* into the great secrets that pervade this wonderful work of the Creator.

But these researches have not been wholly without results. Results which have convinced the thoughtful student that man is really and certainly a

trinity—a being, who, while living, represents three distinct characteristics.

The structure of his body, as is evident to the most casual observer, is an unsurpassed mechanism, even in its most minute details, but is, after all, a mechanism in which all its parts are so arranged that one always depends upon the other, and *all* upon one another, for perfect symmetric and harmonious working.

It is a perfect machine, composed of various ingredients, mechanically and chemically combined, which, as long as this combination remains undisturbed shows us the perfect human form, to which in that character nothing could be added, and from which nothing can be taken away, without marring its beauty or usefulness.

These things become plain to the student who wields his scalpel with intelligence, and brings to bear upon his labors the knowledge of chemistry, which is now at his disposal.

But neither chemical composition nor mechanical perfection make that form a *living*, and what is still more a *thinking*, being.

No one has as yet been able to discover the nature of the Promethean spark which causes to change the inanimate clay into a living being. But we *have been* enabled to trace its *actions* by its manifestations in outward symptoms. We can see the *effects* of that subtle agency, and, for want of a better name, have called it the *vital dynamic* force, which literally means nothing more, according to its etymology, *than the life-power force*. A

better name appears to me to be the *etheral force*. It is the subtle agency which pervades all nature, more or less, to a certain extent. Some of its constituents are evidently electricity, magnetism and heat, with *others* that will be discovered by the future searchers into the mystery of our being.

Here, then, we have man a trinity, a perfectly constructed machine, a chemical composition, pervaded by an *etheral* or dynamic force. And this being is confided, during its terrestrial existence, to the care of the physician. By his counsel he is to preserve it, as far as possible, in its normal or healthy condition, and by his skill to repair any damages, which accident or inimical influences may have caused to its well-being.

I will not dwell here upon the gravity of the responsibility. Every one worthy of the name of physician must have felt, and continue to feel it, to a greater or less extent.

Under these circumstances, it evidently becomes our *duty* to examine the means best calculated to repair the injuries to which the human frame is exposed. These injuries must consist of either a *mechanical*, *chemical*, or *dynamic* character.

They are of a mechanical type when they are caused by a mechanical action; which may be the breaking of a limb, the severing of a blood-vessel, or the obstruction of any of the passages in or through the body by a substance introduced, or any other *mechanical* derangement of the system. In such a case the *immediate* repairs can only be



made by the surgeon, as such, though they cannot wholly be accomplished by his unaided skill, as we shall endeavor to show presently.

They may be of a chemical nature, when a chemical agent in character and quantity, inimical to our constitution and composition, has come in injurious contact with it. When poisons, arsenic, strychnia, poisonous acids or alkalies, have been swallowed or caused to affect the body by contact. Then *chemical* treatment, by means of antidotes and even anodynes, are clearly the primary weapons by which we must encounter these hostile forces and neutralize their powers to injure. "Fight fire in such cases with its *natural* opponent."

Or they may be of *Dynamic* origin; and these are the diseases we have chiefly to deal with, and, as we will show, enter also largely into the after effect of the others just mentioned.

There are three forms of Dynamis :

1st. The *vital* (*ethereal*) dynamis, the forces which sustain the body in a healthy condition.

2d. Noso-dynamis, which are disturbing, disorganizing conditions, producing disease ; and lastly,

Pharmaco-dynamis, the agents which *cure* and *remove* diseases. With *us* they are the application of the remedies dictated by the law of "*Similia similibus curantur*;" that which is ordinarily called Homœopathy.

This is the true-battle field for the homœopath, his true sphere of action. In mechanical injuries, he has to seek the aid of the surgeon, the *mechanical* healer ; when he has to deal with purely

*chemical* injuries, it would be absurd to attempt to repair the damage without taking counsel of *chemistry*. But in his contest with *Dynamic* disturbances in the body, and they constitute  $\frac{99}{100}$  of all "the ills that flesh is heir to," the true homœopath, when honestly and earnestly faithful to his creed, shines with constantly increasing refulgence.

And his field is very large ; for all diseases not traceable to purely mechanical or chemical causes are of a *Dynamic* character, and many, which owe their origin to the former, become legitimately objects of homœopathic treatment, in consequence of the noso-dynamic influences called forth by the injuries received. Thus, after the surgeon has set a broken limb, it becomes the duty of the homœopath to furnish the patient with the true homœopathic remedy which shall set the vital dynamis in action to repair the damage by increasing their power to supply new matter for tissues, bone, or other material needed ; and the same is expected of him after he has removed by antidotes the effects of injurious chemical substances.

The true sphere of action for homœopathic remedies extends, therefore, more or less throughout the whole list of diseases legitimately to be derived from noso-dynamics, which enter largely into *all* diseases. But it is as absurd for the homœopathic physician to claim to repair all damages from *mechanical* or *chemical* injuries by purely *homœopathic* remedies as it would be for a surgeon to attempt to cure yellow fever by a surgical operation. And yet I am sorry

to see that sometimes such claims have been preferred. Good physicians and honest men have set up the claim that they can cure hernia and kindred injuries by means of 6th or 200th potency of remedies, whose action is purely *dynamic*.

*Such* claims must reflect upon our just right to assert that our system is "the only true mode of cure."

What is it, then, that Homœopathy really requires of its disciples? Nothing more than a firm belief in the doctrine of "Similia similibus curantur;" but that belief must be *unconditional*. There is *no other law* of cure, and until another *law* shall be *discovered* and *demonstrated*, it must stand *alone* as *the* law, and cannot be deviated from without a forfeiture of the claim of the practitioner to be a homœopath.

But, I may be asked, "What if I have a case to which I cannot find the true homœopathic remedy? and at the same time know of some *empiric* remedy which will palliate the disease and relieve the patient from suffering? Must I abstain from using it?" God forbid!

The physician is the responsible healer and friend of his patient. It is his duty to do the best he can for him. In *such* a case, let him candidly acknowledge that his lack of sufficient acquaintance with the resources of our school prevents him from giving the true *homœopathic* remedy, and that he *must*, therefore, for *the time being*, resort to an empiric remedy to give relief to his patient. Neither would such a course be derogatory; for the arsenal of

our remedies is so vast and *filled in such a manner* that few of us can boast of a complete acquaintance with *all* its resources.

But such occasions will rarely occur to the faithful and industrious student, who is not too indolent to ascertain for himself the *true value* of our *most prominent* remedies, instead of relying upon the often *fanciful* statements offered to him.

*The true sphere of Homœopathy is therefore evidently only the treatment of all diseases caused by noso-dynamics.*

But what relation does Homœopathy hold to clinical medicine?

Here we are naturally led to ask, "What is clinical medicine?" The school from which we have borrowed or adopted the term defines it to be "that which is occupied with the investigation of diseases at the bedside of individuals," whatever that phraseology may mean. The true meaning, which it undoubtedly intended to convey, is, the study of the effects of medicine upon the sick, pursued by the bedside of the patient. It must mean this, or else it has no meaning at all. Its root *κλινη* [cliny], which means a bed, would lead us naturally to call it bedside medicine. It is therefore of the utmost value to the empiric, or *so-called allopathic* school; it is the very foundation of its practice in the hospital or private sick room.

That school has been from its very beginning and its reasoning empiric, and must as a school continue to be empiric in the selection of its medicines and their application to the sick.

I mean no disparagement by this,

but simply assert that, Empiricism is the only mode it has to ascertain the medical value and effects of its remedies, *e. g.* Peruvian bark as an antiperiodic; hydrarg. and potass. as alteratives, &c.

I do not think that it has ever been denied by its disciples that such has always been, and is still its *modus operandi*. Hence what is called clinical medicine must ever remain the chief support of its medical arcana.

But it is otherwise with the scientific (the Homœopathic) school. The true disciple of that school knows no Empiricism in his practice, unless forced to it *temporarily* by his lack of knowledge of our *Materia Medica*, which is, by the way, by no means perfect as yet, either as to *material* or *arrangement*. But this will all come in good time, as long as such men as Herring, Lippe, Hughes, Allen, or Rau set the examples of laborious researches, which the younger members of our school will no doubt improve upon.

The father of Homœopathy has bequeathed to us a system scientific, certain, and perfectly reliable, and his more prominent disciples have perfected it for us to such a degree that he who will take pains to study it attentively need no longer seek, hesitatingly, with doubt and uncertainty, in Nature's arcana, for the means to combat disease or to allay the sufferings of his patients. That system, the only foundation on which our school is built, is our *provings of drugs upon the healthy*, and based upon such provings, our *application* of the drugs appropriate to the diseases of the sick.

To us pathology and pathogeny must therefore always be cherished handmaids to symptomatology, our favorite guide when selecting a remedy. But we must accord to these words their true meaning if they are to be adopted by our school. The Empiric school defines the two former, the one as the generation of disease, the other as the knowledge of disease. This is wholly incorrect, as the derivation of the words proves.

Granier justly animadvertes on such usage. Pathos does not mean disease; it means suffering, pain; hence it is the knowledge of the generation of pain, the power to discern which organ or part of an organ is suffering pain, and the teaching connected with it.

With this correct definition, these terms become useful and intelligible expressions in our school.

With us Pathogeny commences its work on the healthy, when they submit to the proving of our drugs. There and then do we begin the study of the disturbances, the suffering, and the pain generated by them, and when we have ascertained this we are prepared to apply them at the bedside in accordance with our law of "*Similia Similibus Curantur*."

Pathogenic medicine, if I am permitted to coin a new term, is therefore our first and great study, and must always furnish us with the list from which to select our remedies.

Is clinical medicine, then, of no importance to the Homœopath? On the contrary, it is a very valuable study to us, as well as to all physicians.



But in our school it occupies a *sub-ordinate* position. What the stamp of the mint is to the gold, such is clinical medicine to our mode of ascertaining the value of a drug. It makes it a medical currency. It tells to the tyro in medicine, as well as to the profound thinker and experimenter, the value it has in the treatment of diseases with certain given symptoms. It stamps the drug for general currency among the profession.

That is its *status* to the true Homœopath, and nothing more.

For he is well aware that there are many counterfeit drugs in circulation with the resemblance of the true stamp on them, and when such come to him, no matter how high-sounding may be the name or the reputation by which they are put in circulation, if they have a suspicious ring he will submit them to the test of his own or some one else's trustworthy reproving, to ascertain their true value, before he uses or endorses them. I regret that there are too many spurious ones now in circulation.

In connection with this, I cannot refrain from making a few remarks on what I have always considered the *essentials*, in order to obtain a *true* proving, one which carries with it vouchers reliable enough to make us not afraid to apply their results at the bedside and in the most critical cases, with the expectation of seeing them verified by the true clinical stamp.

I think I can do this best and in the briefest way by simply stating my own *modus operandi*.

I have five friends who kindly assist

me when I wish to prove a drug—two ladies and three gentlemen. To each of these I distribute a portion of the drug to be proven, with the following directions: "Take the quantities into which it is divided, at the times indicated by me. Keep a record not only of the symptoms you may have, but also of the food you eat, of the time of rising and retiring, of anything that may have given you special pleasure or pain, of the exercise you take, any exposure to draught, no matter how light," and some other directions as the case may require.

When the reports of these provings are received, I examine them critically, giving due credit to what may be symptoms produced from other causes than that of the drug, and mark them *very doubtful*.

After deducting all such symptoms I compare the rest. When I find five reporting the same symptoms, I mark it *very good*; when four, *good*; when three, *doubtful*; and two or one, *suspicious*.

After a lapse of two or three months I give the same drug to the same parties, with similar directions, only I keep them in ignorance that it is the same drug. This second proving is the crucible. The symptoms that pass this ordeal I accept, and admit them to the clinical test.

I acknowledge I have only a few drugs as yet that have passed this ordeal, for my friends are not always ready and prepared to join me in my efforts for such a thorough proving. But the remedies which I have thus proven, among which are Eucalyptus, Damiana, Grindilia Robusta, and Sulphuric Acid, have

given me symptoms upon which I rely as much by the bed-side to relieve their characteristic symptoms, as I do upon water to quench thirst. It is true, the symptoms thus sifted are comparatively few, but much more valuable to me than those which I see in many works on Mat. Med., which claim a list as long as a Scotchman's pedigree, and which appear to me to contain a great many counterfeits.

Pardon me if what I have said may appear to savor of presumption, for many of these works have been written by men at whose feet I would be willing to learn.

But I fear in many of our provings we have proven too much, and have not always sifted the grain from the chaff.

Too often is the tyro appalled by the list of symptoms described as appertaining to one drug; and he asks himself *can* all these symptoms belong to the same drug? If so, then need I only half a dozen different ones to cure all diseases I may have to deal with; and he finds it difficult to study, and select, where so much presents itself, which only bewilders him, and causes him to doubt.

I trust, therefore, that some more able man than myself will devise means, and that soon, by which the chaotic mass in our Mat. Med. will be systematized, and by proper *reprovings* be made available to the busy practitioner.

I will now close by giving you my clinical experience in one or two cases based upon the views expressed.

Many of us have had often to deal

with diphtheria, that scourge which has destroyed so many lives.

Oct. 3d, 1877.—I was called to see a young lady from the country on a visit to the city. She had severe chills followed by fever and great lassitude, no appetite, much headache, tonsils and uvula enlarged, rose color, and very fetid breath. Never has had any eruptive disease. Gave Ac. and Bell.

Oct. 4th.—Slight improvement in the morning, much worse at night, countenance very pale, a false membrane had began to form on the tonsils, the urine very high colored but not fetid, fever abated, pulse 78. Gave Proto Iodide of Merc., a favorite remedy with me, but I did not feel certain that it covered *all* the symptoms and hence gave Phytolaca.

Oct. 5th.—The membrane had extended to the larynx and trachea, and to the schneiderian membrane of the nose. The patient was exceedingly nervous and frightened. Kali Bichrom. the remedy now most indicated, was given, but with no benefit. The breathing became more difficult, and drowsiness and partial coma set in; the pulse became unsteady and fluttering, and I saw before me all the symptoms of a malignant diphtheria in its last stage. After a few moments reflection I resorted to the remedy which according to my provings appeared now the most homœopathic to the disease, *Sulphuric Acid*.

It acted like magic, as every truly homœopathic remedy will. In less than half an hour it removed all the most threatening symptoms. I will

not weary you with the further details, but only say, she continued to improve, and four days after the use of this drug was discharged—cured.

Nov., 1877.—Mr. O. D., of Westchester, consulted me when attacked with a severe influenza. In vain did I try to cut it short, or cure it by the remedies ordinarily used—Ac. Nux. Stib. Hepar and Sulphur, these and some others all failed; and my patient complained and wondered why his “cold” proved so obstinate under the hands of his physician.

I then reflected whether I had hitherto selected the most homœopathic remedy. After due consideration I came to the conclusion that there were only two remedies known to me that covered nearly all the symptoms, and these had not been used, *Eupatorium Perfoliatum* and *Jaborandi*. The provings of the former are in Esrey’s *Mat. Med. of America*, and those of the latter among my own papers. Of the latter I will give a brief synopsis of the article as I found it among my memoranda.

Feverishness which passes away in one hour, diarrhoea, or obstinate constipation, according to the quantity

taken; free flow of saliva, discharge from the nostrils, eyes weeping, headache, soreness in nostrils and bones; also profuse perspiration, dimness of sight, dullness alternating with hilarity without cause, and inclination to urinate every two or three hours. In two days after the last mentioned remedies were administered, the patient reported himself *cured*.

*Jaborandi* has never since failed me in treating a coriza or influenza.

I will not trespass any longer upon your patience by relating a number of cases which all go to corroborate that clinical medicine, though the very corner-stone of allopathic practice, is to the homœopathic treatment merely a verification and confirmation of our glorious system which teaches us to prove drugs and how to use them according to the law of—

“*Similia similibus curantur.*”

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NOTE.—We have also prepared an article on the use of the high and low potencies, *when* either seem to be indicated as preferable in our practice. It also treats of the single and alternate remedies, and the scientific reasons why the high potencies, have sometimes superior curative powers. We will give this paper to our readers as soon as time and space in this journal permit,



## STAPHISAGRIA.

BY

LOUIS FAUST, M.D., SCHENECTADY, N. Y.

A very interesting case came under my observation, which was cured by the above named remedy.

Feb. 27th, 1878.—Mrs. C. S., aged 40, has not been able to eat meat since her last confinement, which occurred two years ago. Whenever she attempted to eat any it would soon afterward bring on chills; pain in the pit of her stomach; headache with lacrymation; distention of the veins of her forehead; pain in the limbs; palpitation of the heart, etc. Eggs or any food in the preparation of which eggs were used, would cause a similar train of symptoms. When she abstains from these she is perfectly well as all other food agrees with her, but she was compelled to wean her child six months sooner than usual, as she could

not obtain nourishment enough from such a restricted diet for herself and child.

I gave Staphisagria 3d cent. night and morning, and directed her to eat a little meat after twelve days. If she felt any trouble to omit a day and try it again, etc.

March 22nd.—Had done as directed; ate some meat on twelfth day; symptoms did not come on until an hour after the meal: she omitted a day, then again partook of some, when the symptoms did not appear until two hours after the meal. On the next trial the symptoms delayed until three hours after the meal, and since then she can eat meat with impunity.

## CENTRAL NEW YORK HOMCEOPATHIC MEDICAL SOCIETY.

REPORTED BY

H. V. MILLER, M.D., SYRACUSE, N. Y.

The quarterly meeting of this association was held at the Court House in Syracuse on December 19th, 1878, President Hawley occupying the chair. The committee on credentials reporting favorably, Dr. C. P. Jennings was unanimously elected to membership. After the transaction of some preliminary business, Hahnemann's Organon

was announced to be the subject for discussion. Vice-President Boyce read one or more paragraphs at a time and a lively discussion followed. Wesselhoft's edition of the Organon was declared to be by far the best translation, since Dr. W. was master of good English, as well as being a good German scholar.

Dr. Raymond thought the highest

calling of a physician was to keep people well and not simply to cure the sick.

Dr. Young said that physicians seldom receive pay for keeping people well.

Dr. Benson stated that Hahnemann wrote the first and second paragraphs of the *Organon* in reference to the sick. It is our first duty to heal the sick if possible and afterwards we may give advice, prescribe Sanitary measures and prevent sickness.

Dr. Benson taking the chair, Dr. Hawley remarked that homœopathic physicians not only cure their patients but instruct them how to keep well. Hence, ordinarily, there is less sickness in such families and we cannot do so much business in the same number of families as under the old treatment. The younger physicians present could not realize the uncertainty of the healing art in allopathic practice as the older members had realized it. No intelligent reasons for prescribing a drug or mixture could be given as in homœopathy. But medicines were given because somebody recommended them.

Dr. Boyce spoke of the late prevalence of diphtheria as an epidemic in Geneva. Imperfect drainage was considered the chief predisposing cause. When it seemed too late, measures were taken to remove this cause. He said that imperfect drainage was also the chief cause of typhoid or enteric fever. An epidemic of typhoid fever had prevailed on the west slope of Cayuga Lake where the wells were found to be

impure. In that neighborhood almost every family was attacked, other sections being exempt. It is the province of the good physician to discover these causes.

Dr. Hawley remarked that it is our province to determine the chief exciting or predisposing but not the ultimate causes of disease. Thus we may be able to remove such causes from healthy persons. Much is said about various miasms as causes of disease. It is maintained that certain animal excretions cause typhoid fever. But it is proved that genuine typhoid fever can be occasioned not simply by bad sewerage but by exposure to bad sewerage contaminated by the excrements of a typhoid fever patient. He alluded to an epidemic of this fever occurring some twenty years ago at Maplewood school, Pittsfield, Mass., and traced to such cause. A remarkable epidemic of enteric fever prevailed in this city a year ago last summer. At the railroad shops a pump was used to draw water from Onondago Creek just below where several trunk sewers emptied into the creek. About forty men imprudently drank from this pump and they all had in consequence a severe form of enteric fever but not typhoid, four deaths resulting. The subjects were all similarly affected. They were seized with severe vomiting, of an extremely fetid character, followed by whiteish watery diarrhœa attended with febrile restlessness. The diarrhœa was very obstinate. Dr. Brewster successfully treated one case with arsenicum and Dr. Seward three cases with same remedy. It is the physician's duty to

surround his patients with proper hygienic influences.

He said that all the signs and symptoms of disease fully represent the disease. The better our understanding of pathology the better we can understand and interpret the symptoms of a case. Hence he thought that homœopathy did not ignore pathology. But the point for discussion is that the totality of the symptoms of a case serve as the only guide in the choice of the appropriate remedy. For if the pa-

thological conditions are considered they are only so many more symptoms, the pathological changes being not the disease but its product.

Dr. Boyce mentioned a case of sudden suppression of lactation in a mother caused by the announcement that her child had cholera infantum.

The further discussion of the Organon was postponed until the next meeting.

Adjourned to third Thursday in March.

## “THE TRUE SIMILIMUM.”

BY

J. L. GAGE, M.D., BALTIMORE, MD.

I carefully read the communication of W. J. Hawkes in the January number of the *HOMŒOPATH*. I coincide with him in his views. It was a clear and logical argument, a lucid exposition of an occult subject. But I want to add a few ideas, rather correlative of the theories explained and exemplified by him. There are very many homœopaths that hardly comprehend all the beauties of our glorious system. We all know that if we reason from false principles our conclusions will be wrong. It is very hard to get rid of old notions; they cling to us with great tenacity. For instance—that the multiform phases of disease are dependent upon a morbid material circulating in the blood. Hence, has arisen

the great demand for blood purifiers; and every drug shop in the land is full of them. If the great mass of mankind could be undeceived, and made to understand that disease is only an abnormal condition of the vital forces, manifested through the various nerve centres, and that the visible sequence is only the product of this derangement, the druggists would soon lose their occupation, and the ten thousand who are yearly bringing out new remedies, or old ones under new names, would have to concoct some other scheme to prey upon the credulity of the public.

And as long as this ignorance exists we cannot help but use very improper terms at times. I have felt a self con-



demnation when I tacitly admitted that a disease was or might be owing to impurities of the blood. It is a difficult thing to explain satisfactorily, and so as to be comprehended by ordinary minds, this true theory of disease and its cure; and the physician cannot devote the time to a proper explanation to his patient. But if we can succeed in making *all physicians* understand and comprehend the truth, in time the masses of mankind can be made to comprehend it.

There is enough in Dr. Hawkes' article to set men seriously thinking. This same theory is clearly taught in the *Organon of Hahnemann* (see page 80 and 82.) Many old theories still hold sway and exercise an influence. How often it is said your blood is too thick or too thin. Another theory was, and is still believed, that all diseased action is an effort of nature to eradicate effete and material matter. Then to imitate nature they must give emetics, cathartics, introduce setons, apply blisters, croton oil, &c. They supposed that when tartar-emetic was swallowed, the vomiting produced was an effort of nature to expell the poison. But when antimony is introduced into a wound in the foot it will provoke vomiting, so will ipecac. Sneezing is produced by a bright or reflected light—what is nature expelling? Lock-jaw results from an injury of a nerve—is nature endeavoring to heal the wound? Pain, spasms, and death result from the bite of a rabid dog, or a venomous serpent—is this an effort of nature to expell the poison?

If so, nature makes tremendous efforts sometimes, like allopathic doctors.

We see this theory is untenable, and the practice that has grown out of it is equally so, and equally absurd. Some may say this is a good argument against the absurdities of allopathy, yes—but is it not an argument to demonstrate that disease is produced by morbid agencies through the medium of the nervous system, and often without material agencies? Hydrophobia is a nervous disease, and it is sometimes developed many years after the bite.

Although arsenic may not have produced a genuine case of cancer, we know it has cured many; and we know that it will produce the same characteristic burning, stinging, twinging pain that is felt in a cancer. No one will deny but drugs will produce organic pathological changes in the organism. Have we not seen the terribly destructive effects of mercury?

Mercury will salivate when applied to the skin. But all morbid changes in the organism must be wrought through the influence of the nerves; it matters not whether it be material or immaterial from within or without. I cannot conceive of any possible way other than by particular substances or agencies operating upon the vital forces through the medium of the nervous system. How else can we account for the varied forms of disease?

We rarely see two cases alike; two cases of dysentery or any other disease. No two medicines produce symptoms alike; some effect the brain, some the lungs, some the stomach, the bowels,

the skin; some affect the secretory, some the absorbent vessels, some produce delirium, some destroy the sensibility, produce torpor and lethargy, others are active stimulants, and even destroy life; some produce paralysis, and all operate upon the nervous system in the development of their morbid effects.

How can magnetism and electricity effect the system other than through the medium of the nerves? Excessive grief, fear, fright, joy, sorrow, anger, disappointment, anxiety, anguish, and all mental trouble tend to destroy the equilibrium of health, and often induce violent disease. There is nothing material in all this, and the only rational conclusion is, that the disease creating and the disease curing influence is through the medium of the nerve centres and in no other way. And it matters not whether the disease is in the big toe or the final gland, or whether there be pain in a tooth or a finger, the impression produced by applying the medicine to the nerves of the tongue, is transmitted or telegraphed to the nerve centres in close proximity to the seat of pain, and there is set up a curative process immediately.

Acknowledging this fact, there is no difficulty in acknowledging the efficacy of attenuated medicines.

It is a gross materialism that hinders the more rapid growth of homœopathy. When the refined and scientific theories of homœopathy are fully understood, and physicians cease to regard the product of disease as *the disease*, but purely the result of abnormal nerve action, we may hope for better results and more

rapid progress of our beautiful art. A few words in regard to hereditary diseases. Dr. Hawkes says: "A cancer or a scrofulous ulcer has never been produced in a person who at birth was perfectly free from constitutional disarrangement. In other words, all those affections are in our day hereditary. The cause of them may have been working for generations. It doubtless has." What he means by disarrangement is not clear to me. If in "our day" they are hereditary, when was the day they were not?

There is much mysticism about so-called hereditary diseases. I believe that children are born perfect, and in perfect health, with very few exceptions. But in less than twenty four hours the babe may have a cold, the snuffles. I knew a babe three weeks old to have inflammatory rheumatism. Its mother and grandmother had it. It may soon have measles, chicken pox, or whooping cough, but not until it comes where it can be exposed to the exciting cause. In less than a year a child may die of consumption, or it may live twenty, forty, or sixty years, and then die.

Some might say the seeds of the disease lay dormant all these years. Not so, there is a transmitted tendency only to certain forms of disease. Sometimes it apparently skips one generation, and is developed in the next. I say *apparently*, there was not sufficient exciting cause to develop it in that generation. It is the weakness or impaired function that is transmitted, and this is more or less manifest in different persons, even

of the same family. If the father has dyspepsia, his son is liable to have it sometime in life. If the mother has a uterine disease, the daughter may have it; she is not born with it. Some inherit a tendency to mental disturbance, though this may not manifest itself until some exciting cause and favorable condition exists. This occurs in lying in women, and at the climacteric period frequently. There is a predisposing and an exciting cause to nearly all diseases. The predisposing cause, hereditary tendency, may have existed from birth, but the system may be able to resist all exciting causes for years. Very much depends upon the condition of the system.

The system may resist at one time what it may succumb to at another. I knew an old lady of over seventy years to have the measles from a slight exposure, she had been exposed many times before.

A child may have swollen glands, the proper remedies given the swellings will disperse, but at some future time they may swell again. A child has scrofula, his father or his mother "was full of scrofula." A woman has a cancer, "her mother had a cancer, she inherits it." They did not inherit these diseases. Are not tubercles developed in some where there was no trace of "hereditary taint." A poisonous pus can be generated from healthy blood or tissues. Is it some mysterious chemical combination at a certain point? I cannot tell. There are many things in the forces of nature that we cannot explain, but we can observe certain phenomena, and note the invariable workings of certain laws; among these is the law of Similia.

Let us study to find "the true Similimum," and the result will not disappoint us.

## A CASE OF DYSPEPSIA PRONOUNCED HOPELESS.

BY

T. M. WATSON, M.D., GRIGGSVILLE, ILL.

Mrs. D., aged about sixty, of a very nervous, delicate organization, has been troubled with "nervous dyspepsia" for thirty years. During that time she has taken every kind of allopathic treatment from many physicians; has traveled much for her health, drunk much of the "life-giving" water of noted mineral springs, and after years of suffering is

pronounced by all an incurable case. Upon returning from the East again she was worse than when she went away. She was induced by some friends to try as a *dernier resort*, a course of Homœopathic treatment, and came to me for treatment early in the spring, with the following symptoms:

Fullness and weight in the stomach



after eating even a small quantity; burning and frequently spasmodic pains in stomach after a meal; flatulence, constant belching, sometimes tasting the ingesta, frequently sour and rancid; much tenderness of the epigastrium on pressure; even the weight of her clothes pain her; constipation, with infrequent, insufficient hard stools; painful sensitiveness of the abdomen, as if raw and sore, so she can't ride or walk fast without much suffering; appetite generally poor, but variable, with frequent hunger before noon; tongue broad and rough, covered with whitish coat, and bad taste; a peculiar disagreeable feeling in the abdomen as of jarring; coldness of the extremities, numb-dead feeling of the fingers; tingling in different parts of the body and limbs; almost every kind of food disagrees, and meat and vegetables she could not eat for years; wakefulness at night from nervousness or pain in stomach and bowels. Mental symptoms, low spirits, melancholy, despondent of being relieved from her sufferings. I prescribed for her sulphur, 200, two doses, followed by placebos for one week. At the end of that time reported herself but very little better, but since taking the medicine noticed she had frequent hot flushes, after which she was very weak and perspired some;

burning heat in the top of her head, and the soles of her feet often burned so at night she had to put them from under the cover. The correctness of the remedy was here confirmed by three prominent characteristics, and I gave her one dose of the 55,000 of the same remedy, and *sac. lact.* as before. When she returned to have her bottle filled she told me there had been marked and steady improvement of all her symptoms from the first dose. She had her bottle filled twice afterward, and she reported steady improvement each time. I saw her a day or two since, and she told me she didn't need any more medicine, that she was doing her own work, felt better than she had for years, and *could eat and digest* any plain digestible food with comfort and without pain. While this woman was too old to expect to give her a sound, strong stomach, yet by the wonderful power of the similar remedy in an infinitesimal dose, she has been restored to the enjoyment of life and health that thirty years of allopathy had almost destroyed. I call attention to this case to show what Homœopathy may do even in such a chronic and apparently hopeless case, and as a confirmation of the reliability of the characteristics of this remedy, as given in our *materia medica*.

The New York Ophthalmic Hospital for Eye and Ear corner Third avenue and Twenty-third street. Report for the month ending January 31st, 1879. Number of prescriptions, 3,450; number of new patients, 443; number of

patients resident in the hospital, 45; average daily attendance, 133; largest daily attendance, 206.

J. H. BUFFUM, M.D.,  
*Resident Surgeon.*

THE  
AMERICAN HOMŒOPATH

*A Monthly Journal of Medical, Surgical and  
Sanitary Science.*

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EDITORIAL.

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MEDICAL SOCIETIES,

Medical Societies, both County and State, are the natural outgrowth of the desire, for men of the same calling or profession to associate together for mutual improvement, and to exchange the results of their researches and experience. In that capacity they become *unalloyed* benefits to the members as well as to the public. But gradually they have assumed the character of guilds, and as such arrogated to themselves the power to lay down arbitrary, often very arbitrary rules for the members, rules which are frequently calculated rather to check than to advance the cause of science, and to fetter the thought and the action, which seek by unrestrained research to advance to the highest pinnacle of scientific truth attainable. These rules are not always even the will of the majority, but are often made by minorities, who know how to skillfully

manipulate the votes of honest but more simple minded men, and thus make the minority appear a majority. There is also found a political movement in societies, which is set to work to secure to a few ambitious men, offices and leadership solely to advance their individual interest.

The protection which a chartered existence gives them, only intensifies these blemishes still more.

This is too often seen in County societies and still oftener in State organizations.

But it carries its own detrimental consequences with it. It weakens the power of the association by dividing its forces, or making a portion of its members indifferent.

Is it not time therefore, to reorganize upon a more profitable and beneficial basis?

Let the bureaus absorb the interest now bestowed upon party politics. Let us devote all possible time to the discussion of the advanced condition of the various collateral branches of medical science, and above all in our school, seek to place our *Materia Medica*, on a platform, so that it approaches the exact sciences. This can only be done by having a Bureau of provings in every County and State society in the country, and to give it all the aid and prominence, which it justly claims and deserves in our school.

THE PLAGUE.

Hardly has the sound of wailing and lamentation caused by that dreadful scourge of the South, the yellow fever,

died away, when a new note of alarm and warning comes to us from over the ocean.

The plague has left its home around the Caspian Sea, and has, with rapid strides, passed through the greater part of Russia, and is already threatening Germany. What is to prevent it from crossing the Atlantic to devastate our own fair land?

Its infectious character enables it to travel with the same ease by sea as by land, and our careless habits and utter absence of competent public Health Boards, invites its approaches, and prepares for it here a ready home.

Shall we await its coming supinely, and, as in the case of the late yellow fever scourge, lock the stable after the horse is gone, appoint commissions to report on the plague after it has devastated the land?

Let us, then, take time by the forelock; and from each State appoint a commission, whose duty it shall be to correspond with our colleagues in Russia, to ascertain the peculiar characteristics of this scourge, as well as

the best homœopathic treatment to combat it. Let us, if possible, obtain all the information which our brethren who are on the spot can convey. We can then disseminate the knowledge thus acquired, with all the details, to the physicians throughout the land, and thus arm them with the weapons requisite to meet and vanquish the destroyer, if he should reach our shores.

#### AN APOLOGY.

The change which has lately been made in the publication of this journal has been accompanied by some of the disadvantages attending all changes. The printer has evidently been unaccustomed to journal printing, and hence the appearance of his work has not been what it ought to have been. We trust that hereafter no cause for complaint on that score will occur again.

Some of our exchanges may also have been overlooked. If any of our friends who have not received the January number will inform us of the oversight, we will cheerfully attend to it, and send the missing number.

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#### NEW PUBLICATIONS.

TRANSACTIONS OF THE HOMŒOPATHIC  
MEDICAL SOCIETY OF THE STATE OF  
NEW YORK FOR THE YEAR 1878.

It is with pleasure that we draw the attention of the profession to such a valuable collection of articles from some of the ablest writers in our school.

The bureaux are all very fully represented. Commencing with the bureau of *Materia Medica*, we find some new characteristics of old drugs as affecting special parts, also provings of some new ones. *Salicylic Acid* is very ably discussed, and as it is one of the



new remedies, and has been used more or less empirically, is a very welcome contribution.

Protagon is also a new remedy, and is said to "form the chief constituent of the nervous substance in the nervous centres," and has only been obtained pure from the brain, although it exists in the white blood corpuscle, etc.

It has been used in consumption, paralysis, anæmia, insanity, scrofula and forms of constitutional disease of the nervous centres.

The symptoms of Phosphorous are those upon which it is prescribed.

Under the head of Clinical Medicine are many interesting cases recorded. Yellow Fever, its Etiology, Pathology, and treatment, is especially deserving of more than passing notice, as are also many other papers in this bureau.

We cannot pass over the bureau of Mental and Nervous Diseases without noticing the very interesting and instructive papers published there, among them the introduction to the study of the Nervous System, Study of Dementia Paralytica, contribution to the Statistics of the Homœopathic treatment of Insanity, Epilepsia Lavarta.

The bureau of Surgery embraces many cases of interest, and a new operation for talipes is illustrated.

The bureau of Obstetrics is extremely interesting, the subject of bandaging is fully and ably discussed pro and con. There are also reports of cases in connection with this bureau.

The bureau of Gynecology is not lacking in interest, and shows the efficacy of homœopathic treatment in this

important branch of medical practice.

The bureau of Ophthalmology, Otology, and Laryngology contains matter of interest, whether to specialists or not, and some new ideas may be obtained from the report upon Histology.

This work reflects great credit upon its editor, Dr. Alfred K. Hills, both in quality and volume.

Copies can be had of Dr. E. S. Curnburn, Troy, N. Y., for the small sum of one dollar.

#### LECTURES ON MATERIA MEDICA. BY CARROLL B. DUNHAM, M.D.

The lectures contained in these volumes were delivered by Dr. Dunham while he occupied the chair of Materia Medica in the New York Homœopathic Medical College. They have been edited from his note-books, and are the ripe fruit of his thoughts and experience—in his own latest words, "too valuable to be lost."

It is a pleasant duty for us to welcome such a work as this to our literature from the hand of one we are all proud of.

It has a special value over others to the student, as the therapeutic law of our school is so explicitly explained, and the very foundation made plain. How to study Materia Medica is of no less importance than to understand the law. How many there are that do not know the true way, in beginning the study of our Materia Medica, but such an explanation as is contained in this chapter could not fail to set them right.

We cannot but admire the manner in which the drugs are pictured: for

instance, Aconite. After giving the history and symptomatology, he goes on to speak of its general indications and the variety of cases in which it is indicated. His comparisons with nature, when its elements are disturbed, make an impression upon the memory not to be easily forgotten, and we feel confident that it will become the textbook of our medical colleges.

As the work reached us at a late hour, we are unable to give it a lengthy review, but shall do so in our next issue.

Dr. Dunham's works have been placed in the hands of J. H. Durland, general

agent of the Homœopathic Mutual Life Insurance Company, 257 Broadway, from whom they can be procured, he having the entire control of them.

LECTURES ON MATERIA MEDICA. BY CARROLL DUNHAM, M.D. Published by his son Carroll Dunham, Jr., and for sale at all Homœopathic pharmacies. New York, Francis Hart & Co.

THE TREATMENT OF THE GENITO-URINARY ORGANS. BY JOHN J. CALDWELL, M.D.

WESTERMANN'S CATALOGUE OF EUROPEAN MEDICAL PERIODICALS.

## IS THERE A DIFFERENCE IN THE HOMŒOPATHIC TINCTURES OF ACONITE?

BY

G. C. McDERMOTT, M.D., MILWAUKEE, WIS.

I have in my office a vial of fresh plant tincture of *Aconitum Napellus*, imported by a prominent pharmacy. By way of experiments I took one drop of this tincture. Perceiving no effect after some hours, I took three drops at a dose. This also produced no sensible effect. I then increased the dose to *fifteen* drops—no effect; then to *twenty*—no effect; then to *thirty-five* drops, and finally to *sixty* drops without getting the least sign of any drug action.

Knowing that I am very susceptible to the action of Aconite, I was greatly surprised at this result, and to satisfy

myself I gave the tincture to several of my professional colleagues, in doses varying from one to twenty drops. None of them perceived the least symptom of drug poisoning.

I afterwards took one drop of tincture of Aconite made from the fresh plant, by one of our most exact and careful American pharmacutists—and in the course of ten minutes felt the peculiar tingling and numbness in the mouth and fauces, characteristic of Aconite.

Two days subsequently I took three drops of this latter tincture. The effects were very decided and became

so distressing that I regretted having taken so large a dose, for these symptoms continued for several hours.

I would like to inquire whether other physicians have observed such a marked difference in the qualities of the tincture of Aconite obtained at the homœopathic pharmacies.

I am informed by a reliable botanist and pharmacist that there is a great difference in the medicinal power of different varieties of the botanical species *Aconitum Napellus*—that, in fact,

there are many plants of this species which do not at all possess the poisonous properties of aconite.

This may account for the fact that the imported tincture which I have is inert. In view of the great importance of this remedy, it would seem that the plants from which tinctures are made should be selected by competent botanists, who can determine the correct *genus*, *species* and *variety*, and that the tincture should be tested before they are sold to physicians.

## PERSPIRATION ON THE SIDE NOT BEING LAIN ON.

BY

J. F. EDGAR, M.D., LOUISVILLE, KY.

In November HOMŒOPATHIST page 159, case 1, of the cases reported by Dr. Miller, the symptom is given: "She had profuse perspiration over the anterior portion of the body, but *not* on the parts on which she lay."

All of this last summer, a lady patient of mine complained of profuse perspiration on the side uppermost, drying up as soon as she turned over, while the side that had just been lain on would perspire freely. No other symptoms prominent, except that she was adverse to wrapping up.

I gave China, Puls., of different potencies—but with no benefit. Silicea was recommended by an experienced colleague. I did not see the Homœo-

pathicity of Silicea to the case, but I gave it as I did the other, giving each dose plenty of time to act. Nothing relieved. I have not been able to find this symptom in any text-book or repository. Dr. Miller reports his case cured (the totality of the symptoms), but I cannot find that symptom "perspiration profuse *not* on the part being lain on"—in Rhus. or any other remedy. Will Dr. Miller and the profession please give me the benefit of their experience, and say whether this symptom is to be considered as a verified symptom of Rhus Tox., or not?

and oblige,

J. F. EDGAR, M. D.,  
Louisville, Ky.



## THE LATE MADAME HAHNEMANN.\*

"Sir,—A notice in your Journal of the 1st July last contains some utterly erroneous statements respecting Madame Hahnemann, whom science and humanity have had the misfortune to lose.

"Whilst she was alive such assertions could never have been ventured to be made.

"On behalf of the illustrious widow of the immortal founder of homeopathy, her friends remain to expose falsehood and calumny, and to unmask them to the eyes of those who venerate truth.

"Appended are some refutations which I submit to your loyalty, begging you to be so good as to publish them in your next number. I send along with them the pamphlet relating to the process instituted by M. Orfila, Dean of the Medical Faculty of Paris, where you will find evidence of the respect and admiration felt for Madame Hahnemann, not only by her friends but by her enemies.

"By a letter dated the 4th of November, Dr. Pitet, editor of the Journal entitled *Bibliothèque Homœopathique*, and general secretary of the Federal Hahnemannian Society, No. 6 Rue St. George, Paris, expressed to me his wish to join his protest to mine, sharing my hope that your feeling of justice would lead you to repair, as soon as possible, the flagrant injustice done to an unassailable memory, but a sudden and cruel death has just removed him from his numerous friends and clients.

"I beg you, sir, to accept the assurance of my sentiments of esteem.

"SANCHES,

"Homme de Lettres, attaché a la  
"Prefecture de la Seine.

"Paris, 22nd November, 1878,

"77, Rue de Vaugirard."

The following statement accompanies the above letter :

"Mlle. Marie Melanie d'Hervilly only changed her feminine garments for male attire when she was an artist, and when she went alone into the country to sketch some beautiful views and landscapes.

"The wearing of male attire by lady and girl artists when they go to set up their easel in solitary places, in order to pursue their artistic studies, is not only a recognized habit in France, it is in a manner obligatory on them. It is a protection that saves them from the regards of the curious, and which delivers them especially from the persecutions to which a lone woman would be exposed if found in complete solitude, and perhaps far from assistance ; it is a warranty of high morality.

"Mlle. d'Hervilly went to see Dr. Hahnemann, not so much on account of her own health as that of her mother, who had been given up by the principal physicians of Paris.

"It was Hahnemann who wished to leave Germany, where he had suffered so much from the intrigues, the calumnies, and the wicked acts of his medical *disciples*, who were all jealous of him. Madame Hahnemann sacrificed everything for his sake, even her beautiful country, which she would have left forever, had he preferred remaining in Coethen.

"It was at the reiterated entreaty of his new wife that the doctor consented to divide his fortune among all his children, and to accept the sacrifice of her renunciation of the half of this fortune which was hers by right, which sacrifice Hahnemann characterized as *fabulous disinterestedness*.

"Moreover, Madame Hahnemann placed her own fortune, which was considerable, at her husband's disposal.

\* *Br. Journal of Homœopathy.*

"Hahnemann's patients in Paris were very numerous. True, but they were chiefly composed of a great number of poor people, *all of whom he treated gratuitously*. The immense number of patients who flocked to him caused it to be thought that he made a great deal of money. This was a mistake!

"When the doctor died, on the 2nd July, 1843, Madame Hahnemann continued to treat patients, *but without any remuneration whatever*. (This is corroborated by the accompanying pamphlet about the prosecution she underwent by the Medical Faculty of Paris, incited by the Dean, M. Orfila, and which, contrary to the expectations of this gentleman, was a moral triumph for the accused.)

"If the funeral of Hahnemann was on a modest scale, that was certainly not from any parsimonious spirit, but solely in obedience to the last wish of the deceased, and if there is nothing to distinguish his grave, the reason of this is that it was wished to protect it from posthumous outrages on the part of jealous physicians, seeing that, even during his life, his bust in his own drawing-room had been insulted.

"It is incorrect to say that after his marriage, and during his residence in Paris, Hahnemann, under the influence of his wife, ceased his intercourse with the chief representatives of his system. On the contrary, he always corresponded continuously with all the homœopathic physicians, good and bad, throughout the whole world; with the former to applaud and encourage them, with the latter in order to set them aright. (This is proved by the numerous letters he received, as also by his replies, which still exist in manuscript.)

"When about the end of last year Dr. Bayes wrote to Madame Hahnemann on the subject of the *Organon*

and some manuscripts, she replied to him that she was quite willing to give them up, but that having, like so many others, lost her fortune owing to the war of 1870-71, she required, in return for the cession she might make of these precious documents, that there should be made among the homœopathic physicians of London and their patients a subscription sufficient to *recompense* her. But Madame Hahnemann never indicated to Dr. Bayes what sum should be subscribed. If she delayed the publication of the *Organon*, that was by the express orders of Hahnemann, who shortly before he died advised her to wait until men's minds should be settled, in order that his method might not be exposed to controversies and discussions which he should not be there to reply to. So he left it to her to determine the opportune moment for the publication.

"Hahnemann's second marriage was of great advantage to homœopathy, for it prolonged his life for eight years, and this gave him time to complete his work.

Hahnemann often said to his friends and children (the letters of his daughters and of all the members of his family bear witness to this) that he owed the prolongation of his life to this sublime angel of devotedness sent by God to reward him for his labors, to make him forget the sorrows and deceptions of all sorts he had endured during his long career, and to give him a preliminary taste of the future life.

"Here is a letter, among hundreds of others, which he wrote to Dr. Mauro on the 4th October, 1840:

"*M. LE DOCTEUR*—I received with an inexpressible feeling of gratitude Mr. —'s poem which you had the goodness to send me. I am grateful, not because this poem exalts my public merits, but on account of the justice it renders to homœopathy. The senti-

ments of attachment you kindly express touch my heart. I am very sorry I have not your personal acquaintance, but I trust that at some future time you will give me the pleasure of embracing you. I am thankful to the writer who takes an interest in my dear Melanie; it is to her I owe my happiness and my life. God, in granting me this treasure, desired to fill the measure of His benefits, for in her He has also given me the most able and zealous of my disciples in homœopathy, which she practises among the poor with an unheard-of success. She is my assistant in all my labors, and in order to follow me she gave up painting and poetry, in which she excelled. *She left heaven in order to follow me to the abode of suffering*; but her whole happiness is centred in me.

She says God rewards her sufficiently by my invulnerable health. She is an angel on earth.'

"This moral repose, this paradise on earth, *with his guardian angel*, chiefly contributed to maintain the spirit of Hahnemann in all its lucidity, thereby permitting him to bring his work to the highest degree of perfection."

We willingly give the above documents all the publicity their author desires for them; the more so, as far from being a refutation of what we said in our July number, they distinctly corroborate many of the facts relative to Madame Hahnemann there recorded; and where we differ we can easily prove our correspondent to be mistaken.

(*To be continued in our next issue.*)

## HOMŒOPATHY ILLUSTRATED.

### SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor.

50.

#### NUX VOMICA IN UMBILICAL HERNIA.

BY

W. M. HAINES, M.D.,  
Ellsworth, Me.

Mary G., æt. ten months, umbilical hernia. Noted slight bulgings at birth, which have increased ever since in spite of bandages, pads, buttons, etc., until now the protrusion was size of

small hen's egg. Child very constipated, with a frequent ineffectual desire for stool.

I applied the depressed convex surface of a piece of sheet lead to hernial opening and bandaged about the body.

Prescribed Nux. vom. 3d morning and night. In three weeks removed bandage and found opening entirely closed. The constipation was entirely cured; no



return of trouble since—nearly two years.

## 51.

**COFFEA—CHOREA.**

BY

D. F. HALLETT, M.D.,

Red Oak, Iowa.

Mr. K., a young man æt. 19, presented some very marked symptoms of chorea. He was perfectly well otherwise, but there was a continual jerking and twitching of his hands and arms. His appearance in this respect reminded me of the effect of strong coffee upon myself, and I decided to prescribe Coffea 3-x three doses daily, which cured entirely in three weeks.

properly describe it, and usually is followed by a very exhausted and prostrated condition.

Eight months ago I prescribed tinct. Awa Samoa, 50 drops in a glass of water, and as it was followed by such immediate satisfactory results, she has since insisted upon having an ounce constantly on hand. The patient to-day reports that her two last periods of menstruation have been perfectly natural and exempt from any pain or inconvenience, and thinks that Awa Samoa\* has been an invaluable specific for her complaints; inasmuch as her present period of menstruation is quite an Elysium in comparison with the past.

\*Macropiper Methysticum.

## 52.

**DYSMENORRHEA.**

BY

D. A. HILLER, M.D.,

San Francisco, Cal.

Some time ago I was consulted by Mrs. H. aged 28, light complexion, gray eyes, tall and slender build, for dysmenorrhœa, which she has suffered for years, always intensely painful on the first day of the appearance of her menses; producing a deathly pallor of the countenance and a feeling of general faintness, together with nausea of the stomach, pain in both sides of abdomen and in uterus—the severity of the pain is so great that patient is unable to

## 53.

**DIGITALIS IN DROPSY.**

BY

W. M. HAINES, M.D.,

Ellsworth, Me.

Mrs. D., æt. 26, mother of four children, and been married but five years. Youngest child three months old.

Failed rapidly in health since last confinement, having had broken breasts, enlarged glands, etc., and with a terrible cough showed every appearance of approaching phthisis. About this time feet and legs commenced swelling, and dropsy increased gradually with other bad symptoms, until it reached abdo-

men and involved heart and lungs. At this time was called suddenly to see her. Found her in a sitting position, with impossibility of lying down, acting as if suffocating on the least attempt; pulse very feeble, irregular and intermittent; dull percussion sound as high as third intercostal space; greatest difficulty in breathing; could only breathe in very short, sharp gasps, and every breath appeared as though it would be her last.

Prescribed *Digitalis pur.* 1-x, forty drops in half glass of water. Teaspoonful every ten minutes until better. After the second dose a profuse perspiration broke out, particularly on chest and abdomen.

This increased until water seemed to pour through the skin. With this came improvement, and in a few hours she was able to lie down, and continuing the Dig. at much longer intervals, the water gradually left the chest and abdomen, and finally, after several weeks the once enormously swollen lower limbs were reduced to their natural size.

Her health improved very rapidly, and she is now, some years since her sickness, an apparently healthy woman.

## 54.

**CONSTIPATION—OPIUM.**

BY

D. F. HALLETT, M.D.,

Red Oak, Iowa.

Mr. D., æt. 45, has had most obstinate constipation for five years, ne-

cessitating the use of an injection which sometimes failed, and he would go for a week without an operation, the bowels becoming irritated from the long confined excrement.

Having had nothing but Allopathic treatment for the trouble, he was advised to try Homœopathy, which he consented to, and the remedy selected was *Opium*, the characteristic symptoms being the passage of small round lumps or balls.

The effect was magical, and the bowels now move daily.

## 55.

**SEPIA IN GLEET.**

BY

W. M. HAINES, M.D.,

Ellsworth, Maine.

Chas. C., æt. 23, contracted gonorrhœa over a year before. Went under Homœopathic treatment, and continued there until tired of paying out, an obstinate discharge still remaining. Then went into old school hands, and was subjected to severe treatment, with huge internal doses, dilation with bougies and caustic injections, and still the watery discharge continued.

Stopped medicine for several weeks, and saw no change. When came to me was disgusted with everybody and continually worried about that then watery discharge, worse in the morning. Prescribed *Sepia* 6 m. dose night and morning, which entirely dried up the discharge in ten days.

### TREATMENT OF WOUNDS BY SALT.

M. Houze, in a paper read at the French Association, stated that he had met with great success in treating wounds with abundant purulent discharge and purulent collections by means of a saturated solution of salt. He attributes its beneficial effects to its antiseptic action and to the density of the solution. If we place some pus and a solution of chloride of sodium in a test-glass, the pus soon appears at the surface of the mixture. M. Cabello, of Madrid, stated that he had employed sea-water in the treatment of atonic ulcers with good effect. M. Rochard, on the other hand, stated that he had found that the little ulcers sometimes forming on the feet of sailors become transformed into chronic sores when the feet are exposed to the action of sea-water, so that men having such ulcers are obliged to be exempted from service. M. Lecadre has often seen sea-water employed with benefit in the treatment of wounds.—*Rev. Scientifique.*

### OSTRICH PEPSINE.

Mons. Alfred Ebelot, in an article in the *Revue des Deux Mondes*, of December, on the means employed in the Argentine Republic to protect settlers in the Pampas from the Indians, gives the following statement with regard to ostrich pepsine: The soldiers and others employed never could resist an ostrich hunt when they saw a male ostrich, as is the custom of that bird, taking out its young brood for food and exercise. The parent bird generally escaped, leaving its young in the hands of its enemies. When other food was scarce they ate the young ostriches. Some portions of the flesh of these birds, when young and fat, are reckoned dainty by the Indians. But it has a smack of rancid oil and a "*fumet*

*sauvage*" which are not without originality, and remind one of the cuisine of a Spanish inn. This matches well the acridity of the red pepper, which, made with salt into little tablets, is the favorite condiment of the gourmets of the Pampas. "Whilst eating the ostrich, the Indians always carefully put aside the stomach, in order to collect the pepsine which it contains. The stomach of the ostrich," says Mons. Ebelot, "is celebrated for its incredible powers of digestion. The abundance of pepsine, to which it owes this faculty, has created among the Indians a curious commercial fraud. They dry it, and sell it literally for its weight in gold. It is used for the purpose of restoring worn-out stomachs." We think "ostrich pepsine" such a splendid name for business purposes that we wonder it has never been adopted. The pepsine of the pig would have no chance in competition with that of the ostrich, and no great city dinner or regimental mess would be complete without a supply of this infallible specific "*pour refaire les estomacs delabres.*"

### ABORTIVE TREATMENT OF FURUNCULUS.

Dr. Lieven observed, at the Petersburg Medical Society, that all modes of treatment hitherto tried (such as early incision, cauterizing, and cold or warm applications) have failed to arrest the further development of furunculus that has once commenced. The following procedure, however, brings it to a stand: A burning, pricking, itching, suddenly occurring in a normal portion of the skin, announces the commencement of the development of the furunculus, and on the same day a small and quite superficial induration can be felt at the spot. If the skin be now superficially scraped with a small knife, so that a drop or two of blood may be



pressed through the epidermis, no furunculus will be developed. This result would seem to show that the affection originates in the uppermost layer of the corium, and perhaps in the capillaries of the papillæ, and not, as hitherto received, in the subcutaneous connective tissue, with succeeding necrosis of the corium and epidermis. Disturbance of the digestive organs (frequently diarrhœa) always precedes or accompanies furunculus; but a plethoric or decrepid constitution is no necessary condition, as it may occur in one that is quite normal.—*Med. Times and Gazette*.

#### DIABETES AND AMBLYOPIA.

Dr. Herman Cohn found last year four cases of amblyopia in diabetic patients, and after consulting the literature of these diseases, he concludes: 1. In every case of amblyopia, or paresis of the ocular muscles, we ought to examine the urine, even if we should detect only once in a hundred cases the sugar in the urine. 2. The patients may even look well, though the diabetic weakness of sight is present. 3. In all cases of amblyopia, the morning urine contains sugar; the eye is, therefore, only secondarily attacked. 4. Both eyes are hardly ever attacked with equal force. 5. The field of vision is normal; we deal, therefore, only with malnutrition of the retina, not with a degeneration of the nerves. 6. Paralysis of muscles is frequent where the diabetes is a cerebral disease, and such palsies are curable.—*Deut. Med. Wochschrift*.

#### ICE IN DIPHTHERIA.

Dr. Bleyne, of Limoges, in answer to doubts which have been expressed concerning the efficacy of his mode of treatment, says that if it has failed in the hands of others this has arisen

from defective administration. It is necessary (1) to bear in mind the danger of the disease, which, if not arrested, will go on to fatal croup. 2. The treatment must be vigorously pursued, and the punctuality of its execution assured. 3. A fragment of ice should be introduced into the mouth every ten minutes, without any interruption, day and night, for its introduction does not awaken young children. The fragment should be swallowed when nearly melted. 4. No relaxation in the administration should be allowed until after the disappearance of the false membranes. During the first day, when such relaxation seems advisable, the ice should be given every half hour, and every two hours for the two following days. 5. The state of the throat should be watched for some days after, and on the slightest reappearance of the deposit the ice should be resorted to again. 6. Aliments and wine to be given from the beginning. 7. The bed to be placed in an open room, which is kept well ventilated. 8. Carbolic acid water to be sprinkled about.

#### WHITE OF EGGS IN ABRASIONS OF THE FEET.

As is well known, the inunction of white of eggs has been recommended in burning of the feet after marching. This is based upon the custom of the old French soldiers, of wrapping the feet in clothes well greased, and then breaking an egg in the shoe. The shoe is not taken off for three or four days, and then the foot appears sound and clean. The pure albumen, as well as the whole egg, are useful as preservatives, since they immediately relieve the severe burning, and when the skin has begun to peel off, the albumen forms a cover, which protects the feet from air and other injurious agents. The albumen must, however, be well dried in and thickly spread, so that

numerous applications are necessary. This remedy is, moreover, applicable in scaling off the skin on all parts of the body, when the whites are used as the first application, after which a second is made of ricinous-collodion (collodion with 2 per cent. of Ol. Ricini). There is, according to Dr. Michael, no better remedy for the so-called galling from riding and walking, than a layer of albumen mixed with salicylic acid protected by the very elastic coating of oil-collodion. The albumen must, however, be well laid on and dried, which, in a warm place, and with a heated skin, requires ten minutes time; otherwise the application of the collodion will be painful, and the inflammation increased. In his experiments, the author has often used albumen preserved in a glass from one to five weeks, with a salicylic acid conserve, which is made with an excess of the acid (2 per cent.), and thoroughly shaken. The material remains entirely odorless, and retains its glutinous conditions, so that after evaporation a thin layer is formed. In this form it is possible to use the albumen in the field. Every trooper can carry a bottle of the "salicylic albumen," with a brush in the cork. The albumen may be applied at every rest. It is probable the remedy will prove valuable upon superficial wounds, ulcers, etc. From reasons before given, the collodion must not be applied until the albumen cover is well laid on and dried. The albumen conserve is cloudy, on account of the organic elements and the excess of salicylic acid. This cloudiness is, however, no disadvantage, and it is removed by filtration through glass-wool.—*Wiener Med. Presse.*

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## FEBRUARY, 1879.

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DISEASES OF THE UMBILICUS.

BY

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NEW YORK.

*Read before the State Medical Society held Sept. 18th, 1878, at Middletown.*

It is well if a person desires to communicate a paper of this kind to give a reason for its existence. There are two methods by which such an article may be composed. One is to base it upon the results of personal experience, the matter being more or less original, the other, to gather together the contributions furnished by others. While this paper contains but little original matter, I am in no worse position as it regards the subject than any one else would be, for the reason that individual experience has been so scanty in reference to this class of diseases. Few persons, perhaps none in this country have had sufficient amount

of experience in the diseases of the umbilicus to speak authoritatively. Of hemorrhage from the umbilicus, which is a common character of these diseases, Dr. Egbert Guernsey, of New York City, states: "I do not recall any serious cases in my somewhat large obstetrical practice of nearly 30 years. Very often there has been a little soreness after the cord has become detached, which has yielded to some slight stimulating or astringent application."

"Of 2,879 births conducted by Dr. Hooker, of Conn., and 4,000 by Dr. Flaring of Nantucket, Mass., each instanced but a single case." "In the Dub-



lin Lying-in-Hospital, of 6,654 birthsex-  
 extending over a period of twelve years,  
 there were none. At the Foundling  
 Hospital, Paris, of between 9,000 and  
 10,000 children born in two years,  
 there occurred only one case. Of  
 2,000 births at the Emigrant's Refuge,  
 Ward's Island, only two cases." These  
 facts are sufficient to justify me in  
 presenting a paper, which is compiled  
 mainly from the observation of others.

This class of diseases recurring in  
 new born infants is remarkable for its  
 high rate of mortality. Two common  
 characteristics are ulceration of the um-  
 bilical cicatrix, and hemorrhage from  
 the umbilical vessels, together with  
 certain other symptoms which are  
 present with a variable degree of  
 frequency. These diseases happen not  
 infrequently sporadically as well as  
 epidemically. Probably the majority  
 of them have not been reported, but  
 judging from those which have, it is  
 clear that physicians generally have  
 but little idea of their nature.

They are frequently associated with  
 defects of development, as of the  
 biliary passages or liver, open um-  
 bilical vessels, defects of the cardiac  
 septum, &c. I am satisfied that  
 the true pathological explanation of a  
 large class of these cases has yet to be  
 developed, and the excessive mortality  
 to be accounted for. It is my opinion  
 that pathologically these cases are due  
 to a condition similar to, if not iden-  
 tical with the diseases which are known  
 as septicæmia and pyæmia. The  
 want of attention bestowed upon the  
 subject by systematic writers on diseases

of children has encouraged me to col-  
 lect such facts as I have found recorded,  
 and present them for your considera-  
 tion.

In reference to the process by which  
 the cord is separated, Tschamer (*Am.  
 Obst. Jour.*, 1875), who observed one  
 hundred children, found in all a line of  
 demarkation differing in extent, but  
 often one line in breadth. The line  
 may be concealed by the scab exuded  
 from the base of the cord or from  
 the base itself, but is always pres-  
 ent. This constant areola of inflamma-  
 tion, he considers, renders the separa-  
 tion of the cord by reactive inflamma-  
 tion a settled fact. Pus corpuscles were  
 seen at the line of demarkation in many  
 cases. He explains their absence by a  
 closely fitting scab, which protects the  
 granulations and prevents the formation  
 of pus, the surface becoming covered  
 with epithelium under the scab (Lister-  
 Volksman).

Here, then, we have a physiological  
 process, marked by inflammation capa-  
 ble of taking on diseased conditions,  
 which have been seen to occur within  
 variable limits of the time of the fall-  
 ing of the cord. These conditions  
 have been classed as Hemorrhage,  
 Ulceration of the Umbilicus, Arteritis,  
 Phlebitis, frequently Jaundice, Phlegmon  
 of Abdominal Walls and Pyæmia.

There are two forms of spontaneous  
 umbilical hemorrhage. The least im-  
 portant proceeds from a fungoid ex-  
 cressence which occasionally springs up  
 from the free end or edge of the navel,  
 after the separation of the cord, while cica-  
 trization is incomplete. From its

granulated surface moderate bleeding occurs at intervals. Underwood speaks of it as having known it to continue several months, and to cause apprehension as to the effect upon the health of the child.

The fatality of the second form of umbilical hemorrhage, the obscurity regarding its origin, the variety of conditions under which it appears, renders any effort to make its history more widely known a labor of interest.

The earliest record of Spontaneous Umbilical Hemorrhage may be found in the *Gentleman's Magazine*, London, 1752 (Smith).

In 1776 Underwood speaks of it as a 'sympathetic hemorrhage, and noted the fact that it may take place when the cord has apparently healed.

In 1801 Cheyne (Dis. of Child.) describes a jaundice which attacks infants a few days after birth, and thinks its fatality due to malformation of the liver. He cites a case with the results of post mortem examination.

In 1847 Dubois recommended ligature *en masse*, and about this time a number of cases were treated successfully by this method. Underwood speaks of the ligature in relation to ulceration in the following terms: "The navel may be sore after it has appeared to be healed, and as far as I have seen, it has taken place when the skin of the belly has extended an unusual way on the cord. This soreness is attended with much thin discharge, which disappears and returns irregularly together with a raw appearance of the vessels at the orifice. The bowels are in these examinations fully affect-

ed. The child may be five or six weeks getting well." The cases in which he enclosed the raw part in a ligature got well in two days.

In the *London Med. Jour*, 1849, was a paper wherein the author suggested that males were more liable to this disease than females. He reported three cases which occurred in one family, while the three female children of the same family escaped.

In 1850 (*Boston Med. and Surg. Jour.*) Dr. W. C. Anderson reported two fatal cases, and endeavored to trace a connection between the hemorrhagic tendency and the reabsorption of the constituents of the bile into the circulation and their non-elimination from the blood.

A fatal case is reported in the *Union Medicate* for 1853, which the author thought due to arteritis.

Bruchut remarks that it appears at times in children affected by purpura. It appears in children whose progenitors are of hemorrhagic diathesis. It is perhaps scorbutic in some cases. The cause is at times unknown.

Among the causes which have been adduced are depraved conditions of blood, spanæmia resulting from jaundice, malformation or deranged function of liver, scrofula or syphilitic taint, patency of umbilical vessels, privation and despondency in the mother during gestation. Excessive use of alkalies or diluent fluids by the mother during pregnancy have been thought to cause it in some cases, where no other cause could be traced.

There are no prodromata. Jaundice,

by its frequent association with it, may be regarded as a warning sign.

There may be vomiting, colic, constipation, somnolence, patechiæ, echymosis, bleeding from mucus surfaces, none of these are constant. It recurs alike in well developed children of healthy parents and in weak cachectic constitutions.

Of the cases in which spontaneous Umbilical Hemorrhage was distinctly stated to have recurred, I have collected 196. Of these the mortality was 163. In nearly all of these fatal cases, the ordinary methods of treatment were adopted, as compression, bandaging, plugging, cauterization and ligature *en masse*. All these modes of treatment fail at times. Owing to the anatomical relations resulting from the retraction of the vessels, ligating the trunks is not feasible. In addition to this, inasmuch as the hemorrhage is usually parenchymatous in character, the attempts to control it by ligature, as well as by styptics or pressure are often futile.

Ligature *en masse* is recommended as affording the best means of permanently arresting the hemorrhage. It will generally arrest it temporarily. Even when this method of treatment has been adopted, the results have not been encouraging.

Of the table of cases here collected, it was resorted to nineteen times, thirteen of which died within a longer or shorter period. In many instances death was the result of bleeding from some other point after the Umbilical hemorrhage had been arrested.

Ligature *en masse* is a simple operation,

and one that should be employed early. Dubois has given the following directions for its application: "Place the child on a table, with the abdomen prominent. The limbs should be confined by assistants. Transfix horizontally the integuments (not the whole thickness of abdominal walls), with a hare lip needle at the base of the umbilicus. Another needle is inserted perpendicularly to the first and beneath it. Then several turns in figure of 8 with a waxed thread are to be made around each needle.

The needle may be removed the fourth or fifth day, but the eschar should be allowed to remain and fall of itself." —Trans. by Geo. A. Otis, *Virg. Med. and Surg. Jour.*, Oct. 1853.

Of the 196 cases the total number of recoveries were thirty-three, but these were rarely connected with jaundice or purpura. Three of these recoveries were under Homœopathic treatment, communicated by Dr. Blumenthal, of New York City.

Jaundice seems to bear an important relation to this disease, it was observed in connection with the hemorrhage 70 times.

Purpura was noted 17 times.

Ecchymosis five times.

Where the condition of the child at birth was noted, it was observed to be healthy in sixty-two cases; feeble in twenty-three.

Condition of mother at time of birth of child was given as healthy or robust in sixty-five cases; delicate in thirteen.

In six cases the mother had borne healthy children previously.



Syphilis or syphilitic history could be traced in six.

Hemorrhagic tendency on the part of the mother in one.

Premature birth, one.

Inordinate thirst during gestation, three.

Privation during pregnancy, three.

Phthisical taint, one.

Authors agree that the cord normally falls about the fifth day. I have found but one case where the process of desiccation was notably prolonged.

This was reported by Dr. Underwood (see Dis. Child.). After three weeks the cord was living, and  $1\frac{1}{2}$  inches long. He explains the fact that only the portion beyond the ligature dropped off, the remainder only shrinking somewhat, by the supposition that the latter was nourished by an anomalous vessel.

Of these cases of hemorrhage where the time was given of the fall of the cord, twenty-six separated on or before the fifth day, eighteen the sixth, twenty the seventh, four the eighth, three the ninth, and one the tenth day.

The date after birth when the hemorrhage began varied. Where this point was noted tabulation shows that the disease developed within the first two weeks, but most frequently on the fifth, sixth, or seventh day.

A large majority died within a week after the hemorrhage began.

*Phlegmon of the Umbilicus* may accompany or succeed the falling of the cord. It is often circumscribed, and is associated with phlebitis and arteritis of the umbilical vessels and a certain extent of inflammation of the peri-

toneum. It is thought to coincide with epidemics of erysipelas in adults and with epidemics of puerperal fever. The affection generally appears from the 4th to the 8th day, the infant refuses food, cries with much persistency, the pulse becomes frequent, smaller, tongue dry, the abdomen swells and the child wastes rapidly. There may be diarrhoea, but more often constipation. The cord falls and leaves an ulcer with a ring of inflamed tissue about it, swelling induration and ulceration progress, pustules form outside the ulcer. The area of inflamed tissue extends on its circumference, the ulceration follows and soon includes the pustules. The deeper tissues become involved and the parts often present a covering of false membrane. Sometimes the ulceration follows particularly the branches of the veins which radiate from the navel. The process at times becomes rapid and gangrenous, similar to hospital gangrene. The duration is from thirty-six hours to four days, in the epidemic form. If longer, it is generally in cases of favorable termination.

The cure is slow, cicatrization is gradual with amelioration of the general symptoms. Prognosis is bad in the epidemic form, fair in the sporadic. P. U. shows diffuse inflammation and suppuration of the abdominal walls. Peritonitis circumscribed rarely general. Phlebitis is more frequent than arteritis. The phlebitis when present was usually accompanied by pyæmias, Mignet who wrote on this subject said that all applications as astringents and

caustics including the hot iron were apparently useless, until they tried the chloride of zinc in the form of Cangoins paste, the paste being spread in cakes from one-eighth to one-quarter of an inch in thickness, this succeeded perfectly, rarely did they use it a second time. The chloride of zinc has also been advised as a prophylactic. The paste was rubbed into the ligature applied to the cord at birth, and in an epidemic of the disease Vallette thought it almost extinguished it.

*Pycæmia*; of this class three fatal cases occurring in infants are reported in the *Brit. Med. Jour.*, for '76-'77. In one of these the only abscess found during life was near the right deltoid muscle, limited to the subcutaneous cellular tissue. The cord separated the fifth day, death took place on the nineteenth. Post-mortem showed general peritonitis, umbilical and portal vein inflamed and full of pus. The peritoneal cavity contained a quantity of thin purulent fluid with flakes of lymph and a coating of lymph over the liver. The basis of the lungs were hyperæmic. While attending this case the practitioner had occasion to apply forceps in a case of primipara. The child did well for a week. In this case the abscesses appeared in the wrists and feet.

Subsequently the right lower limb became gangrenous as far as the hip. Death took place the fourteenth day. Autopsy discovered only purulent inflammation of the first inch of the umbilical vein.

The third case was one of premature

birth. The child was attacked at the end of the first week. Abscess in the right shoulder and right lower limb, Death occurred the eighth day. P. M. showed local peritonitis, inflammation of umbilical vein, which contained pus, and plugging of the right femoral vein. Under the head of puerperal infection of the new born (Hecker, Archives of Gynaecology, translated into the Brit. Obst. Jour., July, 1877), states that of 281 children who died in Munich Lying-in Hospital 138 died from the result of infection.

If puerperal infection prevailed among the mothers the mortality was high among the children. It occurred not infrequently when the mothers had passed through the puerperal state in a perfectly normal manner. In many the umbilicus was the probable place of infection. He thought it might have been communicated from patients in the hospital. The disease commenced when the funis had fallen off and when a wound capable of absorption existed. Also in such cases, were found local lesions as gangrene of umbilicus, phlebitis of umbilical vein, and secondary peritonitis. It occurred in some cases when the mothers remained healthy, but the children soon after birth and before the funis had dried up, were attacked by the puerperal infection and rapidly died, often within twenty-nine hours.

In these cases no lesion is found in connection with the umbilicus, but generally septicæmia. He considers it would be presumptuous to suppose that infection in these cases is conveyed

through the funis, but more probably by the lungs, Lorain (*N. Y. Jour. of Med.*, Vol. 1, 2, 1856-57), during a long internat at the Maternite was struck with the great mortality observed among infants when puerperal fever existed. In the foetus peritonitis was the only form it assumed, but in new born infants, although peritonitis was still the most common form, yet he observed erysipelas, or umbilical phlebitis accompanying it or meningitis, pleuritis, multiple abscess, etc. When both mother and child succumb the lesions are not always identical. Peritonitis runs a rapid course in infants, *always fatal*—the majority dying before the tenth day.

Besides the necroscopic signs proper to peritonitis the spleen is found remarkably enlarged, sometimes double its normal size, but the lesions of the umbilical system are the most important. As soon as an infected state of the economy is developed the umbilicus presents a similar state to that of a stump after amputation, the surface becoming foul and gray and refuses to heal, the vessels participate, their coagula becoming softened. He does not consider this condition of the umbilicus the cause of the peritonitis any more than is uterine phlebitis, the cause of puerperal fever, for in many cases the peritonitis is unpreceded by omphalitis. For its origin one must go back to a more general cause the nature of which is as yet unknown. Observation has shown that of a given number of infants thus affected about one-half the mothers become also sub-

jects of puerperal fever. So that when the child is attacked the mother is menaced, and *vice versa*; so too a woman who has been delivered of a foetus dead of peritonitis is in danger of the fever.

The condition has always been observed in lambs. In a report to the Obst. Soc. of Lond., 1876, by Jonathan Hutchinson, it was stated that peritonitis and pyæmia not infrequently occurred in connection with metritis, puerperal metritis and peritonitis. It did not seem to be the result of contagion, they occurred in animals treated in the open air, and yet ran a course almost precisely similar to the parallel maladies in the human subject. Young lambs were liable quite independently of any known cause of contamination to the occurrence of purulent phlebitis of the umbilical vein with the consequent phenomena of pyæmia.

Amann, 1877, on puerperal infection of the new born, states that it is proved to exist by the fact that during numerous epidemics of puerperal fever the percentage of the mortality of children rises and falls with that of the mothers.

Hugenberger, during an epidemic of puerperal fever, saw new born children die suddenly from trismus and eclampsia.

Hecker, of Munich, states that puerperal diseases of the children went hand in hand with those of the mother, twenty out of thirty-three children dying when the mothers had puerperal fever.

The infection often occurs to both mother and child before the birth of the child, either through the erosions so



often found on the cervixes of pregnant women who in the institutions are examined by foul fingered midwives, or from the action of a miasma which seems to pervade the air during a run of an epidemic of puerperal fever.

After birth the infection may occur through the cord wound before or after its fall; also through the excoriations so common, particularly on the hands and feet. In the majority of cases the infection takes place through the funicular ulcer.

Kehrer says that the lochial material carried by the finger of the nurse is often the vehicle of contamination.

Post Mortem.—In all of Buhl's cases were found changes in the cord and vessels, an aperture through the abdominal walls surrounded by fragile and bleeding granulations, into this opened the umbilical vessels. The thrombi in the vessels were broken down, and if life was of long enough duration, there were more or less of metastatic abscesses in the organs. In acute cases no localization was found. All showed parenchymatous degeneration, rapidly spreading putridity, early development of rigor mortis, and the subcutaneous discoloration of death septicæmic in type. In addition, erysipelas of the abdominal walls, lobular pneumonia, fibrinous, purulent and pleuritic effusion, kidneys often softened and cloudy, containing uric acid deposits; fatty liver, acute atrophy of liver (Buhl) made known by the jaundice so often observed.

Weber says that pericarditis exists in nearly all the pyæmic types of cases. Ecchymosis in both the cardiac and ser-

ous membranes. The blood often has an abundance of colorless blood corpuscles.

In the skull and spinal column are found hemorrhagic spots and other signs of meningitis.

Acute decomposition of the blood, phlebitis, lymphangitis and inflammatory infiltration of the connective tissue are here as characteristic as in puerperal diseases of adults.

Symptoms.—First those of acute dissolution of the blood in infants, corresponding to those of acute septicæmia (the infection is here no doubt through the medium of the mother), general failure of the vitality, quick breathing, a peculiar cry similar to that heard in hydrocephalus. Food is refused, and they die from progressive collapse in from two to twenty-four hours.

In the second form the septic peritonitis is at times local but usually general; pain from the least motion; they will take no food, as the ingestion of milk will excite pain by disturbance, though at times they will drink hastily. The abdomen swells; watery diarrhœa; scanty urine, or complete retention; sleeplessness, soft sobbing; spasmodic motion of the eyelids, rolling of the eyes, and vomiting of slimy and green matter are not rare. Fœcal vomit is rare and fatal in its significance. The temperature goes up from the beginning and is at its height considerably elevated from 104° to 106°, falling towards death. Ante-mortem elevation of temperature is not noticed. The extremities are cold, the nose blue, pulse from 150 to 200, after that uncountable and

vanishing. Respiration short, shallow, from 35 to 70. The whole appearance is indicative of grave illness. The skin is yellow, and soon becomes cyanotic.

The prognosis is almost absolutely fatal; death follows from a few hours to days, very rarely weeks; even the light cases rarely recover. They remain weak and prone to atrophy for months. The digestion and nutrition are generally sadly damaged.

The later the coming of the seizure, the better the chance of recovery of a mild case.

Before assuming as I do, that septicæmia and pyæmia are identical pathologically, it may be well to give the statement made in reference to this by Greene in his work on Pathology and Morbid Anatomy, where he says that both septicæmia and pyæmia probably result from the absorption of the same infective substance, although the intensity of its infective properties may vary very considerably. The effect of this substance may be simply to produce a general disturbance of the vital functions—a septicæmia, or more remotely to cause various disseminated suppurative inflammations—a pyæmia \* \*. Such being the case, it is evident that whereas a septicæmia may exist without the subsequent development of metastatic lesions—a pyæmia—pyæmia must always be associated with more or less septicæmia. In other words, pyæmia is a septicæmia in which there are metastatic suppurative inflammations.

It only remains now to consider the symptoms which are presented in the class of diseases under consideration,

and compare them with those which are characteristic of the septic and pyæmic conditions of adults.

*Hæmorrhage.*—It is well known to all who have had experience in the treatment of wounds, that bleeding is, as a rule, an early indication of the invasion of pyæmia. This hæmorrhage may be of two kinds: 1st. That coming from the vessels, due to the breaking down or solution of clots, which have occluded them. 2d. That which is known as the parenchymatous or capillary hæmorrhage, due to thrombosis of the veins between the bleeding point and the heart. These facts explain the failure of all remedies for the control of hæmorrhage which under other circumstances are so reliable and effective. In the first class of cases, ligature, pressure and styptics only act temporarily. When the ligature cuts through, when pressure has been removed, when the clot formed by the styptic has broken down the hæmorrhage goes on as before. In the 2d class of cases the blood comes from any or all parts of the broken surface, coming from capillaries and minute veins, and all measures applied locally are ineffectual, inasmuch as they fail to remove the obstruction which exists in the vein, between the bleeding surface and the heart.

*Fever* is a symptom common to both classes of diseases. Infants, unlike adults, do not have chills, as convulsions take the place of chills usually with them.

*Jaundice* is a well recognized symptom of the pronounced forms of pyæmic

disease. Next to hemorrhage it has been found to be the most common symptom in infants who are suffering from diseases of the umbilicus.

The following list of phenomena are common to both umbilical diseases of the infant and to the pyæmia and septic conditions of the adult.

*Disturbances* of the digestive canal as vomiting mucus, and bloody, *diarrhœa*, watery, bloody and tarry, *hematuria*, vibices and ecchymosis, erysipelas and sloughing, early development of the rigor mortis; and the discoloration of the skin due to incipient decomposition.

P. M.—Inflammation of the arteries, veins, liver, spleen, peritoneum, pleuræ. Of the meningis of the brain and spinal cord, synovial membrane of joints, pericardium, endocardium, lymphangites, multiple abscess and gangrene.

It appears to me from the foregoing, that the clinical and pathological identity of the affections of the frenis in the new born, with the septicæmic and pyæmic conditions of the adults is so clearly established that I need not argue further in this direction.

## JABORANDI IN OBSTETRICS,

BY

E. M. HALE, M.D., CHICAGO, ILL.,

*Prof. of Mat. Med. and Therapeutics in the Chicago Homœopathic College.*

This new and unique drug has not yet attained any considerable prominence in the therapia of the homœopathic school. Dr. Allen, in the Encyc. of Mat. Med., has given us a very extensive pathogenesis, and in due time we shall probably have some trustworthy clinical experience. From this pathogenesis we learn that its general primary symptoms all point to *paralysis of the vascular centres, resulting in general arterial congestion*. This congestion, however, is not *active*, i.e., it is not attended by *increased* blood pressure. There is really a *lowering* of the vascular tension. There is also a *lowering* of

the temperature, often as much as 2° F. But its specific and peculiar action is the extraordinary effect which it has on the end-organs of the excito-secretory nerves. Shortly after taking the drug a general flushing of the whole body takes place (as in Amyl), and then all the cutaneous and glandular secretions are increased. Profuse and drenching *perspiration* sets in; an enormous amount of saliva is poured out, often several pints; the nasal and bronchial mucous is increased; tears flow abundantly.

Often the intestinal mucous membrane is excited, and a severe diarrhœa occurs. The urine is often greatly in-



creased, as are the uterine and vaginal mucous.

The above is a picture of the prominent primary effects of the drug, but by consulting the various experiments made, I find a series of secondary actions as follows: After the perspiration, etc., ceases—a chilliness sets in; this is often followed by headache, pains all over, feverish heat, dry skin, suppression of cutaneous and glandular secretions, etc.

The homœopathic use of the drug is therefore not confined to those diseases having symptoms similar to its primary action, but to those possessing symptoms *similar to both* its primary and secondary. Let us imagine a case wherein Jaborandi is fully indicated. A man exercises violently until he perspires freely. His face and whole body is flushed; his eyes are red and tearful; his saliva flows freely. He then sits down in a cool place, and soon feels chilly. In a short time his skin becomes hot and dry, his mouth and throat are dry, and he has slight dry cough with oppression of breathing. In such cases some active internal congestion is to be found. Aconite is usually given in such cases, but I believe Jaborandi in the 1 x dilution is the more appropriate remedy.

With this preamble, I propose to mention some of its uses in obstetric practice. Dr. Allen gives no clue to its action on the genital organs, but of late several German experimenters have investigated its action in that direction.

Reasoning from analogy, we must conclude that Jaborandi must cause

passive arterial congestion of the uterus, with stimulation of its excito-secretory nerves. It must excite the glandular and mucous tissues to pour forth a large amount of secretion, and excite its muscular tissues to involuntary contraction.

Experiment has substantiated this view. Dr. Saenger, of Leipsic, reported to the German Gynaecological Society, that he has given Pilocarpin\* to many women in labor, and to the non-pregnant, and finds that it causes "premature occurrence of menstruation," and "the inception of ecboic activity." In women in labor "the genitalia become softer and more moist, and diarrhœa sets in." Dr. S. says: "Ergot produces spasmodic, pilocarpin rythmical contractions of the uterus," (in this resembling caulophyllum). "Pilocarpin, therefore, has a qualified ecboic influence." "Atropin," he says, "arrests the pain caused by pilocarpin." He further explains the sphere of pilocarpin: "If a *tendency to expulsion* be already present, as, for instance, pathological relations between the uterus and ovum, then pilocarpin is an ecboic. Practically, therefore, it would be advantageously used when a labor has already imperceptibly begun. During labor proper it *regulates and stimulates uterine activity.*"

I would further define its scope by adding that it would seem that to be fully indicated, the labor must have been sometime progressed, but that

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\*Pilocarpin is the concentrative active principal of Jaborandi.

owing to some disordered condition of the vascular or nervous systems, *the pains become* irregular in force and rhythm, the vagina becomes dry and hot, the cervix dry and unyielding, and there is a general condition of feverish restlessness. In other words, the primary normal state, simulating the primary symptoms of Jaborandi have passed away, and a secondary abnormal state has set in. In such cases, doses of 1 or 2 grains of the 1 x tinct. of *pilocarpin* will doubtless act curatively, and carry the labor to a normal termination. I hope my colleagues will test the remedy and report the results. My own experience with it in labor are not yet sufficient to enable me to report formally.

I have, however, used it in a class of cases which had heretofore given me much trouble. I allude to those women

who have a constant dry, non-perspiring skin, a dry mouth, and a generally deficient glandular inactivity. Such women usually suffer *from very scanty menses*, and in proportion as the menses are scanty, symptoms of arterial fulness obtain.

In such cases a few drops of Jaborandi, or a few grains of Pilocarpin 2 x tinct., given four times daily for a week before the expected menses, frequently causes them to appear in proper amount, and at the same time induces a soft perspiring condition of the skin. Experience has proved it to be of great value in the lying-in room, when the lochia becomes scanty or suppressed, and the flow of milk ceases or refuses to appear. After its administration the lochia returns and the milk appears abundantly in the breasts.

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## ERYSIPELAS,

BY

P. K. GUILD, M.D., SANTA BARBARA, CAL.

In the January number of the HOMŒOPATH, is an article on the treatment of Erysipelas, which suggests a word or two not wholly in accord with the views therein expressed. And to be as brief as possible, I proceed at once to say that my experience for the last ten or twelve years is decidedly in favor of both general *and* local treatment. As a rule, if I may say rule without believing in rules, I apply an infusion of Hydrastis Can., made by

putting about two teaspoonfuls of the pulverized root to a pint of hot water, letting it stand till tepid, or moderately cool, when I dip cloths in it and apply to the affected part, keeping them wet (but covered with dry cloths) for a longer or shorter time according to the degree of heat, the course of the disease, &c., which, by-the-by, is usually very short. Gels. 1st and Rhus Tox. 3d dec., in at least three-fourths of cases, together with the local treat-

ment indicated, will be all that is needed. This I am aware sounds like routine and unscientific treatment. It may be so. But whether so or not it has proved with me and my patients wonderfully comfortable. Some of the most severe attacks I ever saw (and I have seen a great deal of it) have been arrested at almost the point they were found by this method. I would not of course claim infallibility for this and have purposely avoided going into any discussion of *regularity* or any other point pertaining to the matter. I simply put it forward as a *fact*, as I would many others that would be ruled out by the martinets of our school. The article above referred to calls for one other observation. The doctor, and he is not peculiar in that

respect, mentions *seventeen* remedies which may be good and useful in the treatment of erysipelas. I do not propose to raise any question touching these except this—how much better off are we for his citations? One of our chief troubles in practice is an overgrown, *unsifted* materia medica. What we most need, it seems to me, are concise and reliable therapeutic facts. Even if we cannot always give a satisfactory reason for them, let us by all means have the facts whether they harmonize with our preconceived notions or not. For instance, if Apis works just as well following Rhus Tox., as when Rhus has not been given, let us say so. And for one I do say it. We have a thousand items of traditional nonsense that we ought to be rid of.

## A NEW APPARATUS FOR POTT'S DISEASE,

BY

JOHN A. WEYTH, M.D., NEW YORK,

*Reported stenographically for THE AMERICAN HOMŒOPATH by F. C. Fuller.*

Dr. Weyth read a most interesting paper, before the New York Medical Society, January 27, 1879, in substance as follows :

Instrumentation in the treatment of spinal curvature can be successful only as it combines extension, rest and judicious medication.

Taylor's apparatus and Sayre's splint have their merits and their demerits, and the plaster jacket was a great stride in the treatment; indeed, it comes

nearer to perfection than any of the other methods. I, however, now suggest an apparatus which is free from these defects. In the more recent method the patient is suspended by the neck, which is liable to be followed by disagreeable consequences, as fainting, choking, etc. ; then the trunk is locked in a plaster jacket. In from seven to ten days after its application it loses its hold and shape by shrinkage on account of the yielding of the abdominal



structures : thus the plaster bandage is relaxed, the upper part telescopes down to the lower, and the extension is entirely lost by the collapse that follows ; therefore, in a short time it must be reapplied. Again, by the pressure on the spine, the jacket cuts into the integuments ; if there be an ulceration, the discharges will infiltrate into the plaster and give a foul odor ; the plaster also gives rise to excoriations, and must be removed.

My invention, which you here see (boy shown with apparatus applied), obviates all these difficulties. It is a plaster of Paris jacket, composed of two separate and independent sections. We commence to apply the bandage two inches above the seat of trouble and carry it up the chest to the shoulders ; another bandage is commenced the same distance below the injury and carried down to the ilia. Between the rolls of bandage perforated tin plates are set, and in the median line behind ; in the upper and in the lower sections and on each side are plates furnished with an iron socket, and extending from the upper to the lower segments are three steel extension brass bars similar to those on Taylor's hip splint. The plates are of zinc, I should mention, instead of tin. These bars are to be lengthened, to make up for any atrophy or misplacement of the jacket.

They can be applied without suspension of the patient, and are lengthened at pleasure, as the case demands. Dr. W. then cited a case as cured by this after all other means had failed. The plaster jacket was worn for four months

with only temporary effect, it caused excoriation, was removed, and a Taylor's brace applied ; the plaster of Paris was again put on, with no beneficial result ; the patient had now marked lateral curvature, and was partially paralyzed ; the splint loosened, and was several times reapplied. Dr. W. then devised this apparatus, and after three months use with it and the zinc plates, the patient rapidly convalesced, and nine weeks after taking it off was perfectly well, and at present is in good condition.

Dr. W. also ventured the assertion that diseases of the intervertebral substance, as well as of the bones of the spine, could be treated as well as diseases of the ankle joint, or any other osseous tissue.

Dr. Taylor's apparatus might be useful in the incipient stage of Pott's disease, but it presses too much on the site of the lesion ; it is also likely to cause local irritation ; it is expensive, and the time of cure is three or four years. To apply the plaster jacket, it requires the suspension of the patient, and it does not secure continuous extension ; moreover, it does not maintain the extension, it absorbs the bodily moisture, and causes trouble over the seat of the disease. The double plaster jacket of Dr. Weyth is without any of these faults ; it allows ulcerating parts, when they exist, to be looked after constantly ; it can be regulated by mechanical pressure, and the continuous extension will cure the disease more rapidly. Finally, the Doctor stated that he placed the matter before the

society, and should be happy to hear from some of our experts in this class of diseases.

Dr. Frank H. Hamilton's name being called, that gentleman rose, saying: It is one hundred years since Dr. Pott published his first work on spinal diseases, and for the first time threw light on the subject, but the early knowledge was imperfect. He said that it was thought to be like all other traumatic lesions, but it had peculiarities that distinguished it; that the patient should be kept in a recumbent position, and there should be an issue established upon the back. But it has been shown by American surgeons that disease of the spine can be treated in the erect posture. Fixation and rest are absolutely necessary, but the patient may be, according to the American method, in the erect as well as in the recumbent position, and thus be allowed the benefits of exercise and air; but the requisite amount of fixation must be procured. Dr. Hamilton was not prepared to accept this new apparatus, even with the successful case before him, but had nothing else to offer. The case, he said, was a remarkable one, and a credit to the surgeon. His objections to the apparatus of Dr. Weyth are: 1st. It is anatomically incorrect; it is impossible to make correct extension from the head. The attachment of the head is by ligaments to the atlas and the axis, and extension by the head will cause great pain and even death, some of these ligaments being attached to the dura mater. He said further: "I maintain it is impracticable. In a

case of mine under treatment in Bellevue Hospital, the disease was in the third or fourth dorsal vertebræ. The plaster jacket has been applied, and the diseased part has in no way been improved. The extension will straighten out her neck, but not the seat of injury.

"I believe that extension must be made from the hips. The thorax is a cone, with its apex upwards, and you cannot make extension toward the point of the cone unless there is extreme expansion of the chest. We cannot press upon the chest from above downward, as it will obstruct breathing. When the jacket is applied the arms are usually extended, and so, when brought to the side, alters the shape of the chest. The latissimus dorsi and the pectoralis major are used as points of extension, but the former rising from the six lower dorsal vertebræ, together with all the lumbar and sacral, and being inserted into the humerus, you, therefore, make your extension so low down that resistance and counter-extension are made from the same point. The axilla affords no point of resistance. But if we reject all these, what is there for us to turn to? The process of all these lesions is inflammatory; the signs of it are obscure; there is a swelling more or less about these parts; they offer a certain amount of impediment to your efforts. I say that the Sayre jacket is not desirable. All appliances afford a certain degree of rest to the patient, but it is a rest to the muscles that have been overtaxed in holding the body in a constrained position,

and the spinal column is not brought into a true relation.

"Extension may be made in a recumbent state, and it is much more probable and possible than in the erect. You do not there have the weight of the upper extremities on the body. Permanent mischief results from separating the vertebræ more than one-half an inch, as there is quite a loss from absorption, etc. The extension is always in the curvatures of the spinal column, and not at the seat of trouble. The deformity by such means can only be relieved by crushing down the eminence by direct force."

Dr. N. M. Schaffer coincides with Dr. H. in the belief that the extension only lengthens the natural curvatures, and does not relieve the deformity.

Dr. Gibney says in cases under his observation at the Forty-second street Hospital 68 were in the dorsal region, 11 in the lumbar, and 25 in the dorsal and lumbar regions. There was no increase whatever in the angle of curvature, and in 14 there was an increase varying from  $\frac{1}{8}$  to  $\frac{1}{2}$  inch.

Dr. Yale finds nothing more necessary than to fix the patient's spine immovably, and has no choice of methods

as long as the fixation is complete. He has had the good fortune, he says, under the plaster treatment to secure the entire disappearance of the kyphosis, and held that in spinal troubles a certain percentage will be very troublesome. He had only one objection to urge against this apparatus, and that was its lack of value in disease low down in the back or high up in the neck.

Dr. Post was unable to appreciate the validity of the assertion that the moisture of the integument does and will produce a deleterious effect upon the plaster.

Dr. W. explains much to Dr. P.'s satisfaction.

Dr. Judson, of Brooklyn, agrees with the ideas of Dr. Andrews, of Chicago, who made extension by means of adhesive plaster.

Dr. Weyth, in reply to the preceding gentlemen, laughingly said: "I cannot found a dynasty with one subject, but I enthusiastically and religiously believe in the plan. It does secure fixation. I still believe that extension is a part of the treatment; it can be enforced, and is demanded as much as any other part of the treatment."

### A STRATEGIC CHANGE OF BASE,

BY

H. V. MILLER, A. M., M.D., SYRACUSE, N. Y.,

*Read before the New York State Homœopathic Medical Society.*

In a late New York Homœopathic medical journal, a case of supposed convalescence during typhoid\* fever is reported, and some noteworthy sug-

gestions are made on "Nutrition in Disease." The writer states that "in sickness and in convalescence the whole case often turns upon our ability to



introduce into the *system* food which will support life without producing too much irritation in the stomach and along the intestinal tract."

To avoid circumlocution, it might be said that the whole case often depends upon the diet question. This is especially true when no *curative* measures are employed. And as the doctor observes, it is often found that "the simplest food may act as an irritant in the stomach." But this excessive irritation is not very liable to occur unless caused by an ignorant and persistent *abuse* of the stomach. Nine times out of ten it is caused by over-feeding, and the attempt to introduce more food into this organ than can be properly digested. In consequence nature rebels, and vomiting, dyspepsia and diarrhœa are often produced. According to my observation, more damage is done in sickness by over-feeding than by restricted diet. There is more danger of over-tasking the digestive organs than of starving the patient. This is true in any disease of the digestive system, and especially in convalescence during typhoid fever. The indication in such cases is most emphatically to *stop stuffing the patient*, and *give him a chance to get well*. He should be restricted to the simplest diet until the digestive organs have had opportunity to recuperate. Before he can acquire much strength, his digestive system must be prepared to perform its functions. Until then almost absolute rest is required.

But the doctor says: "A little stimulus now of the right kind may

save the patient: so that the question: What shall be the stimulant, is a very important one?"

The object of the stimulus is to produce a sedative effect upon the stomach so that the patient can bear more stuffing. In a really grave case, one would naturally suppose that the *first question* liable to occur to a genuine homœopathist would be not what stimulant or palliative to give, but *how to apply the law of cure* and thus effectually *remove the cause*. An allopath is *expected* to freely resort to palliative treatment because he recognizes no law of cure. And when he thus succeeds in relieving or suppressing disease, he may *factiously* claim to have cured it. A Homœopatist may be *driven* to use palliatives when unable to find the curative remedy, and then he may honestly acknowledge his ignorance rather than claim much credit for his acuteness and consistency in so readily deserting his colors. Our lamented Dunham admitted that in his practice he had twice used opium as a palliation, but on each occasion he regretted it for two reasons. The relief was but temporary, and he was finally obliged to study hard to find the curative remedy. He said if he had known enough he might have cured the cases in the beginning without opium. But in incurable cases, as in cancer, &c., he admitted that opium might sparingly be used.

In my opinion it is the duty of a physician not to show his dexterity in trying *stimulating experiments*, but to try to cure the sick. In order to do

this, he should try, if possible, to remove the cause of the disturbance. In a case of acute poisoning, he will take measures to remove the poisonous substance. Injudicious diet acts like a poisonous material. When an unfortunate patient is suffering from over-feeding, perhaps rest or a little gruel is all that is required. If diet alone accomplishes the cure, it is scarcely allowable to claim that the drug-treatment did the business.

For our instruction, the doctor reports an interesting case of supposed convalescence in typhoid fever. He seems to be as expert in diagnosis as in treatment. It is a relief to learn that both the temperature and the urine were perfectly normal. He states that the "water was apparently *natural*." He probably means *normal*. For in sickness it is natural to have *morbid* urine, and in health it is just as natural to have *normal* urine. During convalescence in typhoid fever the urine deposits an abundance of *urates* and *phosphates*. Such a condition may be natural enough, but it is not normal. Yet in this case there were none of these morbid deposits. The temperature was also normal, being 98°. The patient must have got well of the typhoid fever before the doctor's arrival, or perhaps this was a *new form* of typhoid fever in which neither the *urine* nor the *temperature* was affected! In this case there appear to have been *two diagnostic points* that settled the question. These were the pulse and the bowels. The pulse counted only fifty per minute, which in a state of

collapse would be alarming. But in collapse there would be some other alarming symptoms besides a slow pulse which is not characteristic of typhoid fever. The appearance of the tongue is very important. We are not informed whether or not the tongue was dry, red and cracked. Perhaps the doctor forgot to take notice of this unruly member, his attention being attracted to another quarter. The patient had an *ominous diarrhœa* with four or five loose movements a day. We are not advised what was the character of the evacuations, whether bilious, mucous, fecal or indigested. Such little matters may be of no consequence in broad generalization.

The doctor ridicules *trivial* symptoms in Allen's *Materia Medica*, and probably in his physical examination of a patient he takes no note of trivial *clinical* symptoms. No tympanitis nor cutaneous eruption is mentioned. Yet "physical examination showed conclusively the presence of ulceration in the ileo-cæcal region," because the latter was sensitive to pressure. The soreness could not have been caused by *flatulence* or *indigestion*! Hence this was a *plain case* of typhoid fever. The doctor wisely foresaw the impending danger "if the strong peristaltic action of the bowels and their frequent movements (there were only four or five a day) were not checked, because then the ulcers would not heal!" *Checking* a diarrhœa must be considered equivalent to a removal of its cause. In diarrhœa peculiar to typhoid fever, the cause is extensive ulceration of the bowels, and

the proper method of curing the ulcers must be to arrest the alvine discharges. It must be an old foggy notion that the cause itself must be removed before its effect can be expected to disappear.

The diagnosis and plan of treatment being settled, the next thing in the programme is to administer an opiate *secundum artem*, as an enema, consisting of twenty drops of tincture of opium in a little starch four times a day, or as often as the bowels moved. How easy it is to practice medicine in this way! How convenient it is to have a plausible theory to account for everything. How essential to check those *pernicious peristaltic motions* and alvine evacuations in time to give the ulcers a chance to heal! What is the use of carefully examining clinical symptoms when a little broad generalization will answer every purpose? What is the use of studying *materia medica* and laboriously analyzing remedies when a little injection will by suppressing an effect serve to remove the cause?

After thus effectually putting a quietus to the disturbance in the *lower* portion of the bowels, a strategic *change of base* is required! The ileo-cæcal ulcers are disposed of, and now the disturbance in the *upper* portion of the

digestive system claims our serious attention. The second point is to settle the *gastric* disturbance. Three grains of lactopeptine were given four times a day, or as often as the enemas were administered, and a little gruel was ordered. The patient's *hash* was settled about as easily as his *diarrhœa* was checked! But these two difficulties were, of course, entirely distinct in their nature, requiring different treatment, and thus necessitating a strategic change of base.

Although the stimulant question is in the doctor's estimation so very important, it was found in this case that all alcoholic stimulants disagreed. But thanks to the doctor for promptly checking the ominous *peristaltic* action of the bowels and the loose movements, thus giving the *ulcers* a chance to heal, and for effectually suppressing the rebellion in the *gastric* region, a good recovery was made.

If the diagnosis had been simply *gastric derangement* from overfeeding, the gruel diet might have been considered sufficient without the auxiliary drug tactics. But in that case the doctor would not have earned so many laurels, and he might not have thought it worth while to make the report for the benefit of the profession.

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#### ROASTED TABLE SALT IN INTERMITTENT FEVER.

*Les Mondes* gives a remedy for periodical fevers: a handful of powdered white salt, roasted till it becomes of a

brown color, dissolve a soup-spoonful in a glass of warm water, take this fasting on morning of the day following the fever. During the forty-eight hours which follow, the appetite should be satisfied with chicken or beef broth.



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## EDITORIAL.

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### THE WALKING MANIA.

All medical men agree upon recommending daily moderate exercise to all whose physical welfare they have under their charge, or take an interest in. But when exercise is taken which taxes the muscles and the nervous system to fatigue, or often to exhaustion, it does more mischief than its otherwise beneficial effects can compensate for.

The walking mania, which has prevailed now for some time in this country, and threatens to extend its mischievous influence still further, is one of those excesses, which our people from time to time indulge in, and which, like all excesses, leave nothing but harm behind them. Whenever we attempt to cultivate or develop any one part of the human frame in undue proportion, it is always done at the expense of all the other parts, and sometimes more par-

ticularly to the injury of the most vital organs.

One-third of those who excel in college crews as boatman are sure to fall victims to heart disease ; the devotees to excessive dancing become consumptives, and base ball playing has sent many a young man to an early grave.

We do not mean to say that these exercises are at all unhealthy in themselves, but that when indulged in as they have been for some time past, they are sure to show evil results sooner or later.

The immediate danger which threatens us now is from the walking mania. It is healthy and advisable for most persons, particularly the young and vigorous, to walk from five to ten miles a day in the open air.

But when men, and even women, pride themselves upon being able to walk so many hundred or thousand of quarter miles in so many quarter hours they not only injure themselves, but set a pernicious example to weak-minded young men and women, who think it a glorious feat of an intellectual being to equal the camel, the zebra, or the giraffe in endurance. It is therefore the duty of every physician to protest against such walking exhibitions, and to teach those within the sphere of his influence that excesses of even so healthful an exercise as walking cannot be indulged in with impunity.

### HOUSE HYGIENE.

The clergy of the City of New York have at last awoken to the necessity of

some movement in favor of improving the condition of our dwellings.

This ought to have been made long ago by the members of the medical profession.

To us, as physicians, belong the guardianship of the public health. It is the duty of the medical societies to sound the alarm when the germs of disease are cultivated in spots secluded from general observation, and therefore more dangerous.

What has been done in the premises by us, the guardians of the people's health? Nothing. We have a Board of Health, which ought, to a great extent, represent the profession in that respect. But it partakes of the characteristics of all political bodies. It is spasmodic in its action, and energetic only when its own interests, or that of some favorite is concerned.

Is it not time, therefore, that the action of the Churches should at last shame the medical societies into some energetic movement in behalf of the health of the City? Committees ought to be appointed, whose duty it should be to see that the Board of Health discharges its obligations to the community. Addresses ought to be prepared to the laity, to show them, from a medical standpoint, their danger from bad ven-

tilation, bad sewerage, bad plumbing and injudicious dress.

It is surprising to what extent even ordinarily well educated people, are ignorant or indifferent on these points.

The movement, as far as inaugurated by the Churches, is for the amelioration of the tenement house people: but the better housed classes, need our sympathy just as much. Murray Hill, needs sanitary help as much as Bayard street. That modern curse to the health of the middle class, the so-called French flat, needs exposing as much as the tenement house. Three-fourths of these flats are badly sewered and imperfectly ventilated. The smell that pervades many of them, fostered by the damp air that prevails to a great extent, through their halls, gives indications of a hotbed for the more easy propagation of all contagious diseases.

The plumbing, always out of sight, is generally of the cheapest and most imperfect kind that can be had, and almost always out of order. Hence the fearful spread of scarlet fever, diphtheria, and lung diseases. We will refer to this subject again in a subsequent number, and hope in the meantime to hear of some action of our medical societies, which we will be happy to record.

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### SYPHILITIC INFANTILE PARALYSIS,

BY

N. B. DELAMATER, M.D., CHICAGO, ILL.

The two cases here noted possess peculiar interest from the fact of being very nearly, if not absolutely, the first

of the kind, in medical literature, caused as these undoubtedly were by congenital or hereditary syphilis. In examin-

ing the history of infantile spinal paralysis as given by the various authors, and by correspondence with L. Duncan Buckley, Dr. Hammond, and James Weir Mitchell, and personal conversation with J. S. Jewell, of this city, I am unable to learn of a case having been reported from this cause.

In examining the record of hereditary syphilis, I find that Hughling Jackson says, "that children may in addition to the ordinary symptoms, show disturbances of the nervous system which may be attributed to syphilis—such as epilepsy, chorea and paralysis." He reports one case of facial paralysis with paraplegia in a child supposed to have congenital syphilis, but a subsequent careful examination failed to show any positive history of taint. Von Graefe also reports a case of paralysis in a child two years of age, the oculo-motaries being affected. The post-mortem failed to establish any evidence of a syphilitic taint.

These two are the only cases I have been able to find recorded, neither of them spinal, and a marked element of doubt as to the constitutional taint in both.

Case I. was referred to me by friend and colleague Dr. E. M. Hale, child about four months of age. On inquiry found that one week after birth, the child had what at first appeared to be a severe cold, accompanied with a profuse nasal catarrh, which became purulent and excoriating.

The doctor has already noted the peculiar flatness of the bridge of the nose, the back of the hands were puffy and in-

dented in the centre, an eruption appeared on the buttocks, which Dr. Hale pronounced, undoubtedly syphilitic. The child seemed well nourished, had not been very sick, but had a peculiarly old expression and dirty white complexion. When I first saw it there were none of the ordinary symptoms of syphilis except the catarrh, which was much improved.

I found the left arm and leg paralyzed. Careful testing failed to produce contractions in any of the muscles of either. With a strong faradic current of large quantity, the muscles of right arm and leg responded readily to a comparatively mild current. With the galvanic current of fifteen cells (of zinc and copper elements 9 sq. ins. zinc surface exposed in each), connected for intensity and deflecting the galvanometer needle  $47^{\circ}$ , I got slight contractions on interrupting the current. The temperature of the affected arm  $\frac{1}{2}^{\circ}$  lower than the other, and of the affected leg  $1^{\circ}$  lower. There was no indications of brain lesion. On rubbing my hand over the spinous proots the child showed evident signs of pain, a sudden jar also produced evidence of hurting. Prof. Hale continued the treatment for the congenital or constitutional trouble; while I gave three applications per week (of fifteen minutes each), of the galvanic current applying for the arm, the positive pole at about the 7th cervical and the negative at the different points of attachments of the muscles, and for the leg the negative pole for lumbo-dorsal region with the positive at the different attachments of



the muscles ; occasionally interrupting my current within the metallic portion of the circuit using five cells connected for intensity. A perfect cure resulted in about six months.

Case II. referred to me by the parents of child whom I had treated for paralysis.

Child fifteen months of age, mother thought child had never used right leg as it had the left, was certain that for six months or more had not used it at all ; found the temperature  $1\frac{5}{16}^{\circ}$  lower than the left, measured  $\frac{3}{4}$  in. less at calf and  $\frac{7}{8}$  in. at middle of thigh, no contractions from quantity faradic current. The galvanic current of 32 cells (such as previously described), giving a deflection of galvanometer needle  $89^{\circ}$  the downward current produced slight contractions.

Found as previous history syphilis in father, the peculiar nasal catarrh, occasional eruptions, etc., an old expression and the peculiar dirty complexion.

The child had earlier seemed poorly nourished, but now well nourished and ordinarily strong and healthy in other respects.

Under use of galvanic current, 10 cells, three times per week, about four months obtained contractions, I then reduced my current to 6 cells twice a week, in about two months this gave me contraction, continued the same strength about three months longer when was able to produce contractions with the quantity faradic current, used this then from two to three times per week, sufficiently strong to maintain slight contractions for nearly a year, the leg gradually improving in size and strength up to this time, when discharged well, no deformity.

It will be noted that the nervous symptoms, even the most grave, appear frequently very early in congenital syphilis, especially those implicating the brain, as to those in which the spinal cord is implicated we have no data. But in adults we have a form of spinal paralysis attending acquired syphilis, often appearing during the continuance of the primary symptoms, as to the pathological lesions in this class of cases, there is no positive data.

#### STRAPPING IN PLEURISY.

This is highly recommended by Dr. Biddle, of Philadelphia. The straps of adhesive plaster are applied upon the chest, so as to compel the patient to

carry on respiration by the diaphragm and abdominal muscles. It is to be used only as an adjuvant to other treatment.—Ext.

## HOMŒOPATHY ILLUSTRATED.

## SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor.

56.

**PSORINUM. ECZEMA.**

BY

WM. A. HAWLEY, M.D.,

Syracuse, N. Y.

Miss M. N., aet. twenty, complained of an eruption in the bend of the elbow and also the knee; it was dry and scaly with little pointed vesicles around the reddened edges, and was characterized by an entire disappearance during the summer, but appeared when the cold weather came on again. She complained of violent itching aggravated by the warmth of the bed or scratching. Two doses of Psorinum 42 m., at intervals of six weeks entirely cured the case, and it did not return with the cold weather.

57.

**LACHESIS.**

BY

WM. A. HAWLEY, M.D.,

Syracuse, N. Y.

A child thin in flesh and of a pallid complexion had coughed almost incessantly for six weeks, nearly preventing sleep, especially at night; the paroxysms were always *worse after even a short sleep*. Gave Lachesis 30., with directions to repeat the dose in three

hours should the child awaken, but as the child slept all night I gave it sac. lac., and in four days discharged it cured.

58.

**CHRONIC GASTRITIS. ARSENICUM.**

BY

J. L. GAGE, M.D.,

Baltimore, Md.

Miss M., aet. eighteen, has been suffering from gastric irritation for nearly a year. She had been under allopathic treatment but without benefit, and when she came under my treatment she presented the following symptoms: The extremities were cold, pulse small, tongue dry, great thirsts, but as soon as water was taken into the stomach it was immediately ejected, burning in the stomach like fire. Extreme restlessness and anguish was depicted upon her countenance, she imagined she was dying.

I gave Arsenicum 6th at eight o'clock P. M., and in an hour gave it again. She soon became quiet, less nausea, and at ten o'clock she went to sleep, and improvement went steadily on. I afterward prescribed Sulphur and Nux vom., and she became perfectly well.

59.

**PSORINUM-CHOLERA INFANTUM.**

BY

WM. A. HAWLEY, M.D.,

Syracuse, N. Y.

Had a case of cholera infantum which seemed to defy every remedy given. The stools were very thin and watery, of dirty greenish color, and *smelt like car-*

*riou*. The child was very fretful, did not sleep for two days and nights.

I gave Psorinum 42 m. Fincke, a few pellets in water with directions to repeat every time the child had a stool. The child went to sleep in two hours after the first dose was given and slept all night, in four days the child was entirely well without the repetition of the dose or any other medicine.

## NEW PUBLICATIONS.

LECTURES ON MATERIA MEDICA. By CARROLL DUNHAM, M.D.

Books on Materia Medica have multiplied within the last five years to a very great extent; but in many instances it is very questionable if the readers of these volumes are benefited by them commensurate with the labor bestowed upon them by their respective authors.

A perfect and complete materia medica, particularly for our school, cannot be produced by any one man. It requires the combined efforts of at least a half dozen earnest workers, protracted for a number of years, and sustained by the best talent of the profession at large throughout the whole country.

Such a work we must and will have sooner or later. It is only a question of time. But in the meantime we must not reject what is offered to us by our colleagues, when they give us the best results of their researches and study; but we have a right to scan closely the claims of these candidates for professional approval, and give the

preference to such as come nearest to the standard of perfection.

The Lectures of the late and much lamented Professor Carroll Dunham belong to the latter class.

They do not profess to be a complete materia medica (which, if the writer had lived, they might have grown into), but give us such portions of it as include the leading remedies in most diseases. But it is not so much what he gives, as how he gives it, which challenges our admiration and praise. No copyist merely, he lays before us the remedy in clear, distinct colors, so well defined and marked that the history, the characteristics, its adaptability and inadaptability to the various diseases for which it has been recommended and used, are not only clear, but become so well imprinted upon the mind, that the reader feels himself possessed of tools ever ready to his hand. Rarely is there any superfluity in his symptomatology; on the contrary, we feel when reading the symptoms he describes that they are such



without contradiction, and can be relied upon.

Such are the books we stand in need of, and no one, even the poorest among us, can afford to do without this. We hope and trust the example of our noble Dunham will stimulate some one equally gifted to complete what has been so splendidly begun. In the meantime let no one neglect to secure

for himself this storehouse of really valuable medical treasures.

**HEADACHES AND THEIR CONCOMITANT SYMPTOMS.** By Jno. C. King, M.D. W. A. Chatterton & Co., Publishers. A very valuable book, of which further mention will be made next month.

#### BOOKS RECEIVED.

Wagner's Manual of General Pathology.

Guiding Symptoms of our Materia Medica, by C. HERRING, M. D. Vol. I.

#### PAMPHLETS FOR NOTICE.

Fifth Annual Report of Tompkins Square Homœopathic Dispensary.

A Therapeutical Inquiry into Rational Medicine, by S. W. Wetmore, M. D.

Special Report of the Homœopathic Yellow Fever Commission.

Fourth Annual Report of the New York Society for the prevention of Cruelty to Children.

**NOTICE TO PUBLISHERS.**—Two copies must be sent of all books, requiring a full review. When a notice is desired, one copy only need be sent.

#### ITEMS OF INTEREST.

NEW YORK, Jan. 20, 1879.

The position of Resident Physician of the Hahnemann Hospital in New York City is now vacant. A competitive examination will be held early in March next.

The doctor to have his board, lodging and washing.

Applicants may address

JOHN H. THOMPSON, M. D.,  
Secretary of the Medical Board,  
36 East 30th st., N. Y.

**MALTINE.**—The different combinations of maltine are becoming quite universal in their application, Maltine and Pancreatine, Maltine and Hops, etc., are highly recommended for gastric and other disturbances, and in several cases tested have proven their value beyond question.

Whatever variation of thought and action may be exercised by the practitioners of different schools, there seems one remedy on which all are united. for diseases where it is indicated, such as dyspepsia, vomiting in pregnancy, etc., Lactopeptine is of general use.

Cod Liver Oil and Phospho-Nutritine seems to be one of the best preparations of the oil we have yet seen, it is so thoroughly emulsified, and the phosphoric acid makes it more palatable, and those who have been unable to take the pure oil or the combinations will have no difficulty in taking this. It can be taken in water, and there are no floating oil globules, as it thoroughly mixes. We have seen the greatest benefit result from its use in pulmonary troubles.

THE LATE MADAME HAHNEMANN.—(*Continued.*)

We mentioned the well known fact that Madame Hahnemann travelled to and from Coethen in male attire as a piece of history, and without any idea of insinuating that there was anything improper in the disguise. We might have related a little comic anecdote in connection with Mlle. d'Hervilly's gentlemanly appearance on her arrival at the hotel, which is too good to be forgotten. The barber attached to the hotel, as was the custom at Coethen, presented himself the following morning to inquire if the gentleman wished to be shaved, but on entering the bedroom was struck with consternation on finding in place of the supposed gentleman, an elegant lady lacing her stays. We are quite willing to believe on M. Sanches' authority that the assumption by a French lady of the masculine costume is "une garantie de haute moralité," but as we never implied that it was immoral, we are inclined almost to regard M. Sanches' eagerness to defend it as an illustration of the old saying—*qui s'excuse, s'accuse*.

We accept with pleasure the explanation that it was not her own health, but that of her mother, that rendered a daily consultation with Hahnemann necessary; and yet this assertion hardly agrees with that of her advocate, M. Chaix d'Est-Ange, at page 22 of the pamphlet alluded to, which says that Mlle. d'Hervilly went to Coethen to consult Hahnemann about her own health, and says nothing about her mother. But we are unwilling to believe, without further evidence, that Hahnemann desired to quit Germany in consequence of the "intrigues, calumnies and wicked acts of his medical disciples, who were all jealous of him." We find no trace of this in the history of his relations with his German disciples; but, on the contrary, nothing but

respect and veneration of the disciples for their great master.

The account we gave of the division of Hahnemann's fortune among his family is not invalidated, but, on the contrary, confirmed by that given in the above document.

The shabbiness of the funeral obsequies is not denied, and if it was in obedience to Hahnemann's express desire, we have nothing to say.

The reason alleged for erecting no monument of any sort to distinguish his grave appears to us rather far fetched, for we presume that the guardians of Montmartre could easily prevent any "outrages posthumes de la part des medecines jaloux" had any one been so foolish as to desire to commit such an indecency. We have a better opinion of his medical countrymen than our correspondent seems to have.

We do not doubt that Hahnemann kept up a lively correspondence with many of his disciples, but this does not invalidate our statement that he was not very cordial in his intercourse with many of his most scientific disciples during the period of his sojourn in the French capital.

The account given above of Madame Hahnemann's proposal to Dr. Bayes is inconsistent with the statements in her letter to our colleague. In that letter she said that the German invasion had deprived her of her property, and that she was now totally dependent on her practice for her livelihood—which does not look as if she practised entirely gratuitously, as M. Sanches asserts—that in order to edit the last edition of the *Organon*, which Hahnemann had bound her by a solemn promise not to entrust to other hands, she would have to withdraw from practice. If she did she would require a sum to be raised by the English partisans of homœopathy that would yield her an income

equivalent to that she sacrificed by giving up her practice. She did not name any specific sum; the sum we mentioned was our estimate of what would be required to be raised in order to comply with Madame Hahnemann's conditions. We do not think we over-estimated the sum that would be required, rather the reverse.

We cannot reconcile M. Sanches' statement of the reason for delaying the sixth edition of the *Organon* with a letter written by Hahnemann himself to Dr. Hirschfield on the 16th March, 1843, and quoted by Madame Hahnemann's advocate at the trial. He there says: "I have resolved to retire from practice before I am forced to do so by the weakness of old age, and by God's grace I will bring out the sixth edition of my *Organon*, which will be more complete than the others." This does not look as if he wished the publication to be delayed for thirty-five years.

That Hahnemann lived eight years after his migration to Paris does not necessarily imply that his life was prolonged by eight years in consequence of his second marriage, as M. Sanches asserts, for we might just as reasonably assert that he would have lived sixteen years longer had he not been subjected to all the excitements of his second nuptials and subsequent Paris life.

Our readers will now be able to judge for themselves if our notice of Madame Hahnemann, published in our July number, contains, as M. Sanches asserts, "des assertions completement erroënes," and if there is anything in it that can be fittingly characterized as "le mensonge et la calomnier." These epithets, had they been applied to our article by some phlegmatic Briton, we and he would have felt justified in taking no notice of the so-called refutations, but we do not attach the same meaning to them when proceeding from an excitable Frenchman. Some of our Gallican neighbors are so much in the

habit of using strong language that when they call a man "a liar and a calumniator" they only mean that they differ from him in opinion, just as they talk of a woman who marries an old man and tries to make him comfortable, in place of flirting with younger men, as "un ange sublime de devouement envoye par Dieu," and as they term the comfort thus enjoyed by the old man, "un avant-gout precurseur de la vie future." The redundancy of the expression "avant-gout precurseur" is worthy of remark. Unless we saw the actual letter in Hahnemann's handwriting, we should doubt the expression, "Elle a quitté le ciel pour me suivre dans le sejour des douleurs," being his. As his faithful Melanie acted as his secretary and wrote most of his letters, we think we may put down this elegant expression to her credit. Whatever Hahnemann desired to say, his angelic amanuensis would, no doubt, take care "que cela fut tourné gentiment."—*British Journal of Homoeopathy*.

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#### REMOVALS.

- D. E. Foristall, M.D., Clinton to Lyons, Iowa.  
 H. L. Godden, M.D., Petersburg to Quincy, Ill.  
 W. W. Gleason, M.D., Malden to Provincetown, Mass.  
 L. M. Mingos, M.D., from Towanda to New Albany Penn.  
 Mrs. Sarah J. Coe, M.D., Detroit, Mich., to Lima, N. Y.  
 T. W. Smith, M.D., from Somerville to Westfield, N. J.  
 G. C. Quesada, M.D., from Milwaukee, Wis., to Troy, N. Y.  
 Frank N. White, M.D., from Sault St. Marie to Romoe, Mich.  
 W. B. Carpenter, M.D., has located at Washington, Fayette Co., O.  
 Henry S. Trout, M.D., from Bayonne, N. J., to Mariette, Penn.  
 J. H. Deardorff, M.D., from Middletown to Mechanicsburg, Pa.  
 H. D. Guild, M.D., from S. Weare, N. H., to Newport, same State.  
 S. L. Kennedy, M.D., from Kansas City, Mo., to Concordia, Kan.  
 Wm. M. W. Davison, M.D., Kenosha, Wis., to Texarkana, Miller Co., Ark.



THE  
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NERVE STRETCHING AND NEURECTOMY OF THE INFERIOR  
DENTAL NERVE.

BY

WM. TOD HEIMUTH, M.D., NEW YORK.

Mrs. W., act. 60 years, of good general health, and the mother of seventeen children, in November 1859, after one of her confinements, suffered from a severe trembling of the loins and pain in the spinal column, which was only relieved by time and rest. In January, 1865, after the birth of another child, a similar sensation was noticed, which was accompanied with pain, swelling and sensitiveness in the back of the neck. In the autumn of 1868, she was suddenly taken at midnight with excruciating pains in the right side of the face, beginning at the ramus of the inferior maxillary, and extending all over that side of the face. This neuralgia was periodical at midnight, and

of a most intractable character. Very many applications and medicines were used, with no perceptible effect, the pain gradually wearing itself out. From this period she had irregular attacks of prosopalgia of a violent nature, always, however, attacking the same region.

In August, 1874, she went to the State of Delaware to visit some friends, and while there, she experienced such severe pains in the right side of the lower lip and chin, accompanied by such exquisite hyperæsthesia of the parts that the slightest contact of water or the pressure of the tongue caused her much agony, or, to use her own expression, "would set her crazy." On account of this attack she was

obliged to return to Philadelphia, and when she arrived there, the pain was so intense that she was not able to move the lips, even to speak. At this juncture she took *kalmia latifolia*, one drop of the tincture, four times a day, for two days, and one drop on the morning of the third day. From that date, for over a year, the pain disappeared.

In July, 1876, having again been attacked with pain at irregular intervals, and becoming discouraged, all the teeth of the upper jaw were extracted, and again she had an interval of rest for a year.

In 1877 the pain, always of a severe character, again made its appearance, and from about the month of March, 1878, she began to find that the suffering concentrated itself at the *right side of the lip*, exactly in the locality of the mental foramen of that side. Nothing that she did produced any beneficial effect—even morphine, hypodermically, and the electro puncture, and galvanism having any good effects. Her sufferings were so intense that it would take several persons to hold her. In the month of August she had all the teeth removed *from the lower jaw*. For four days she had a respite after this operation, but again her sufferings returned. She tried all kinds of medication without effect, and on the 27th of December called Dr. Blumenthal, who faithfully tried medication combined with electrical treatment, she receiving thirty-eight applications of the latter. It may well be imagined that that lady became not only discouraged, but well nigh desperate. Dr. Blumenthal therefore re-

commended that nerve stretching be tried, and called upon me to perform the operation. After some consideration, I concluded to not only stretch the nerve, but to perform neurectomy also upon it.

By measurement and dissections made upon the cadaver before this operation, I found that the inferior dental (the largest of the three divisions of the third division of the fifth pair) passes out of the mental foramen, taking its course upward and a little toward the median line, and that although the site of the foramen varies somewhat, it generally will be found six and one-half centimeters from the centre of the symphysis, and one centimeter and six millemeters from the inferior line of the bone. I have verified those points by dissections and measurements. To properly stretch therefore this nerve, and I concluded to pull it both centripetally and centrifugally before I excised a portion of it, I made an incision about an inch and a half long, so that the centre of the cut would correspond to the lower margin of the mental foramen. I carried this carefully down through skin, fascia and muscles. There is always smart hemorrhage from these parts, but finally, after careful dissection, I came down upon the nerve at the point of its exit from the bone, and having raised it on the blunt hook, drew it out about one-eighth of an inch. The nerve was reddish and adherent and the connective tissue attaching it to the sharp margins of the foramen, comparatively dense. I mean by this, stronger than I had found

it in the dead subject. Having separated these adhesions, I cut off a small portion of the nerve, and closed the wound.

My reasons for performing this operation in this manner was, if possible, to destroy not only peripheral irritation by the division of the trunk, but to diminish the irritability of the entire length of the nerve by the previous stretching.

The operation was performed on February 20th, at 2:30 P. M. That night, her temperature was  $101^{\circ}$  and pulse 72.

On the 21st, the pulse was 70, temperature,  $100^{\circ}$ ; no pain.

On the 22d, the pulse was 80; temperature,  $99\frac{1}{2}^{\circ}$ ; some throbbing in the neighborhood of the cut.

From this time she has had no constitutional symptoms. She has been free of the neuralgia along the course of the nerve, but has hyperæsthesia around the part, but especially *under the tongue*.

To-day, March 14th, I find her with this report: *No neuralgia in the course of the nerve*; the external parts around the chin that she could not bear touched can bear quite firm pressure; sleeps well all night; no pain inside excepting when *she moves the tongue or tries to talk*.

The fact is, that, so far as stretching the nerve in that part is concerned, the neuralgia thus far has been arrested. But I am fearful that there must be some further irritation nearer the ganglion of Gasser, and I am the more disposed to this belief because the gustatory

nerve is in such close proximity to the inferior dental branch.

The medical management of the case has been under the direction of my friend Dr. Blumenthal, who herewith appends his note.

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NOTE.—The medical treatment of this case was necessarily very circumscribed. After I had exhausted all the ordinary means to subdue the prosopalgia, such as Colocynth, Spigelia, Gelsemium and Nux, as well as the use of the galvanic battery, I came to the conclusion that a lesion of long standing was the real cause of the fearful paroxysm which attended this neuralgia. I concluded at once that it belonged to the domain of the surgeon. In selecting Dr. Helmuth for the operation, I was guided in my choice, not only by my knowledge of his admitted skill as a surgeon and operator, but also by the fact that he had lately performed that rare and delicate operation of *nerve stretching*—once in the hospital on Ward's Island, and a second time on a patient of my friend Dr. Egbert Guernsey, who was very emphatic in praising the operation and its results. After the operation had been performed on my patient, with the result as stated in Dr. Helmuth's report, I gave her, by his advice, in succession Spigelia and Gelsemium, but without any beneficial result. Conium 200 relieved her quickly of all the nocturnal pains and the shooting stitches which remained, and she is comparatively very comfortable.



## INTERMITTENT NEURALGIA; MERC-BINJOD.

BY

F. S. WHITMAN, M.D., BELVIDERE, ILLINOIS.

Mr. S., aged 45, came to me with the following symptoms: headache over the left eye, commencing each day about ten or eleven A.M., and lasting until about sundown.

The pains were of an agonizing, burning, tearing kind, driving the patient nearly crazy while they continued. The eye looked perfectly natural when she had no pain, but when it was on, it was bloodshot, and suffused with burning hot tears.

The patient's tongue was coated thickly with a dirty-looking substance; appetite poor, bowels costive, urine deposited a brick dust sediment.

He had a similar attack three years ago, which lasted in all its intensity for over a month, and then only gradually disappeared, notwith-

standing careful treatment. I gave Ars. with no benefit, Nux., Nat., Merc., Gels., and finally Elima and Quinine did no better.

Upon a careful study of the case, Mercurius seemed indicated, as much by the general condition of the patient as by the local symptoms.

Merc. Binjod. has served me better in neuralgic conditions than any other preparation of this remedy, hence I gave it in the second decimal trituration,  $\frac{1}{3}$  of a grain once in two hours. The result was most gratifying, coming nearer the remarkable cures so often reported by fabulously high potencies, than I am generally able to approach.

The pain left that afternoon, and has not returned since.

## A POSSIBLE PROVING OF MERCURIUS.

BY

S. M. D.

A patient of mine, Mr. F., has suffered from a badly coated tongue, with general bilious symptoms, for three weeks. Nux V., Pod., Merc. Corr., Antim. Cru., etc., were tried, but the dirty tongue and foul mouth were not cleaned. The patient then prescribed for himself, and took two 3-gr. blue

pills, twelve hours apart. They did not purge him, nor did he "work them off" by the usual process. The tongue cleaned immediately, but on the second day after taking the pills he came to me with a bad attack of apparent influenza. The following symptoms were prominent: Severe coryza, with much sneez-

ing, and thick bloody purulent discharge; dry, sore throat; eyes dim; recti muscles painful; hot, congested, aching head; bleeding at the nose; chills at night; frequent transient perspirations; sub-maxillary glands swollen; extremely restless at night; aversion to food but great desire for milk; sensation of suffocation; all the symptoms aggravated when lying down.

The attack surprised him, as he has taken a cold bath daily all winter, and thought himself proof against colds.

May it not have been the pathogenetic

effect of pilulæ hydrargyri, and would it not account for the frequent allopathic warning against catching cold after using blue pill?

I should like the editor's opinion on my diagnosis.

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NOTE BY THE EDITOR.—The symptoms certainly correspond, as far as they go, to mercury. Neither is it necessary that the patient should have taken cold after having taken the drug, in order to call forth the symptoms. The warning of allopathic physicians to avoid taking cold after a dose of mercury is caused by the fact that the medicine in ponderous doses while still in the system predisposes the patient more than ordinarily to the influence of cold or cramp."

## THERAPEUTIC NOTES.

### HYPODERMIC INJECTION IN HERNIA.

Reporting upon three cases communicated to the Société de Chirurgie, in which strangulated inguinal hernia was easily reduced after the hypodermic injection of morphia, M. Le Dentu observes that in these cases the strangulation was recent, and although the injections certainly assisted their reduction it is doubtful how far they would have succeeded had the strangulation been more decided and of longer duration.

If the surgeon is called to the case immediately, the injection may be of use by dissipating the pain and spasms, but if some hours have elapsed, it will be always of less value than chloroform, whether the hernia is reducible or the operation necessary.—*Gaz. des Hôpitaux*.

### SANITARY USES OF GUNPOWDER.

A correspondent writes us from the Sandwich Islands, saying that during a long life spent in tropical fever districts, he has been able to escape infection and miasma by the use of gunpowder, supplemented by a few simple precautions against sudden changes of temperature, sunstroke, bad water, and the like. He uses no water that has not been boiled and afterwards kept from air contact; but his main reliance is upon the practice of burning a thimbleful of gunpowder in his bedroom, and very small quantities in his trunk, wardrobe, etc., so as to keep his clothes in an atmosphere feebly charged with gunpowder gas. In Madagascar, Reunion, Mauritius, the east coast of tropic Africa, and other fever-smitten lands,

he has found such simple means a sure preventive of epidemic and endemic diseases, and has thereby been often brought to the philosophic reflection that gunpowder is destined to invert the aim intended by its fabrication.—*Scientific American*.

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#### TRIFOLIUM PRAETENSE AND DROSER IN WHOOPING COUGH.

During the catarrhal stage give the tincture of *Trifolium Praetense* gtt. iij. in a little water, four times daily to a child aged seven years.

During the spasmodic stage, give *drosera* 1st cent. dil. (same dose for equal age). Under the action of the latter the disease very rapidly subsides.

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#### A NEW, CHEAP, AND SELF-GENERATING DISINFECTANT.

Under this title, Dr. John Day, of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison germs of small-pox, scarlet fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine and and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients of absorbing atmospheric oxygen and converting it into peroxide of hydrogen, a highly active oxidizing agent, and very similar in its nature to ozone.

#### TO PREVENT BOILS.

A very simple remedy is made known by Dr. Sieven, in a St. Petersburg journal, for preventing the development of boils. He states that if the skin be superficially scraped with a small knife, so that a drop or two of blood may be pressed through the epidermis, as soon as the peculiar stabbing or pricking sensation and slight induration announce the commencement of the boil, it will not be further developed.

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#### CRACKED NIPPLES.

Dr. Hausmann has found that lint, soaked in a two per cent. solution of carbolic acid, applied to the nipples and wetted every two or three hours with the same, gives immediate relief to the pain, and causes complete healing, (although the baby is still nursed from the nipples), in two or three days.

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#### PIMPLY-FACE ACNE.

When the face is covered with pimples, some of which are red, some of which contain pus, and others show only black points in their centres, all kinds being present, and all show in progress, it is commonly agreed to call the condition acne.

The rules for the constitutional treatment of acne patients, follow easily from what we have said. If the patient be young, he should be made to use a cold bath every morning, to take plenty



of exercise in the open air, to live liberally as regards meat diet, with a fair allowance of stimulants; and he should be cautioned or encouraged, as the case may be, in reference to sexual matters. As to medicines, a long course of Arsenicum 30th and Lachesis 200, will generally result in a perfect cure.

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#### PROGNOSIS IN CEREBRAL HEMORRHAGE.

It is often important to be able to give a reasonably correct opinion as to the result of apoplectic attacks, in answer to inquiries by friends and parties interested. Dr. Lapponi, in the *Revista Clinica de Bologna*, presents some valuable hints on this subject, which may be epitomized as follows:

Those attacks in which coma continues over twenty-four hours are fatal. There are a few exceptions which extend the farthest limit to three days. There are but few attacks followed by slightly prolonged coma, in which one fails to observe before the return of consciousness, occasional yawnings, separated by intervals more or less prolonged. But if these yawnings occur soon after the attack, if they are frequent and succeed each other rapidly, a fatal termination is certain.

Paralysis of the buccinator always indicates a serious attack, as the seat of lesion is not far from the medulla oblongata. Equally grave, and perhaps more so, is labio-glossi, laryngeal paralysis, which the author thinks he was the first to observe. Here the paralysis

is of the hypoglossal and a portion of the facial nerve from lesion of the bulb.

All cases in which thirty or forty minutes after the attack, vomiting occurs without nausea or an effort, being a veritable regurgitation of the stomach, will terminate in death. The value of this symptom is due to lesion of the vagus nerves.

Paralysis of the pharynx, from lesion of the origin of the vagus, and polyuria supervening a few hours after the attack and due to lesion of the bulb, alike indicate great danger.

Extreme depression of temperature occurring soon after the attack is often the prelude of death. But if there succeed to this initial fall of temperature a reaction which raises the temperature above the normal standard, the prognosis is unfavorable without exception.

Finally, the *decubitus acutus*, so well described by Charcot, is a fatal symptom.

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#### TREATMENT OF DISTEMPER.

It will be interesting to lovers of the canine species to hear of a simple remedy for distemper. At the quarterly meeting of the Scottish Metropolitan Veterinary Medical Society, Mr. Baird mentioned the case of a collie dog in the last stage of the disease, and which its owner had determined to destroy. Shortly after being treated with doses of strong coffee and a little sweet milk, the animal, however, so far recovered as to be able to stand and walk. The chairman of the meeting said the case seemed almost unique.—*London Lancet*.

## PROTECTION FROM MOSQUITOES.

It may not be generally known that these pests have a great dislike to strong odors of oil of cinnamon, or cloves.

The best plan is to mix a half drachm of the oil (not the essence or spirits), with an ounce of spermaceti ointment, and smear it over the face and hands.

---

## WARTS TREATED BY CHROMIC ACID.

Three or four applications suffice to cause the disappearance of warts, however hard and thick, and of whatever size.

The application causes neither pain, suppuration, nor cicatrices, the only inconvenience being that the warts become of a blackish brown color.

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## HYDRATE OF CHLORAL FOR FOUL SMELLING FOOT SWEATS.

Ortega uses a solution containing one per cent. of Chloral Hydrate successfully for foul smelling foot sweats.

A strong mechanic suffered from it, after congelation of his feet, for the last seven years, to such a degree that his fellow workmen refused to work in his proximity. The epidermis of his sole shone like mother of pearl, and in its furrows and around the toes were small superficial ulcers.

On the second day after using the wash all the foul smell was gone; after six days the ulcers discharged less, and were covered with a slight film. Ortega considers the wash only as a disinfectant, and that it never causes a radical cure.

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## ANTISEPTIC SURGERY.

BY

S. B. PARSONS, M.D., ST. LOUIS, MO.

At the present time when surgeons are divided in opinion, regarding the results obtainable by the antiseptic treatment of wounds, and when the medical journals are full of reports, either ridiculing the theory, or lauding it as a universal panacea; it becomes the duty of those who have had the opportunity of investigating the subject, and who have strictly attended to the principles and minutiae of the management required, to record their opinions and the facts on which they are founded.

Decomposition or putrefaction has long been known to be a source of great mischief in surgery, and antiseptic applications have for several years been employed by many surgeons. But the full extent of the evil, and the paramount importance of adopting effectual measures against it, are far from being generally recognized. Eighteen years ago Prof. Lister first taught that the occurrence of suppuration in a wound under ordinary circumstances, and its continuance on a healthy granulating sore treated with

water-dressing, were determined simply by the influence of decomposing organic matter. Since that time the subject has received his almost undivided attention, resulting in the system known as Lister's Antiseptic Method.

In pursuing his labors he was guided by the "Germ Theory," of disease which supplies us with a knowledge of the nature and habits of aerial organisms. Tyndall, by the aid of the electric beam, and in many other experiments in reference to the development of living organisms, has shown that germs are found in vast multitudes in the atmosphere; that in the absence of currents of air, the germs do not reach infusions contained in vessels terminating in bent tubes, the ends of which are bent downwards; showing that germs must fall, or be carried by currents of air, if they reach the infusion at all, and establishing the fact, that the specific gravity of the germs is greater than that of the atmosphere. In one of his experiments 160 tubes were filled with infusions, and from the irregular manner in which the contents were imbued, he concludes that the germinal matter of bacterial life is not uniformly distributed in the air, and thus accounts for the difference in the behavior of different wounds under similar circumstances. Pasteur has shown that neither in vegetable, nor in animal substances can putrefaction occur rapidly without the presence of living germs, that these germs present different physical peculiarities, so that one can be distinguished from another, and that they feed upon albuminous substances. From the ob-

servations of Rindfleisch it is clear to the mind that putrifactive and infusorial germs are abundant in water, and less abundant, and perhaps not even present, a few hundred feet above the surface of the earth. He says, "atmospheric air carries the organisms which produce suppuration. The air does not contain the organisms which produce decomposition, these are contained in terrestrial water and on all objects moistened by it." In referring to Pasteur's experiments he observes, and testifies to similar results in his own practice, "that he (Pasteur) filtered the air through a quantity of gun cotton. Then dissolved the latter in ether, and thus obtained in a small space a number of bodies whose appearance announced them to be organized." He sowed the germs and produced organisms. "In some places the air was more fruitful than in others, its fertility diminished in proportion to the altitude, from which it was obtained." "The air of sick rooms, hospitals, crowded halls, etc., was found to contain large quantities of fungoid organisms. Chalvet found putrisible matter in the atmosphere, on the curtains, windows, walls and ceilings of all the French hospitals which he examined. He also states, "that the vapor of water condensed near a suppurating wound is charged with irregular corpuscles resembling dried pus." The experiments of Sanderson and Chauveau demonstrates "that if a septic fluid capable of producing *taxæmia* when injected into the veins of a living animal, be strained through a porcelain



filter, the liquor so filtered may be injected with impunity, whilst the residue remaining on the filter retains in full force all the septic properties of the original fluid matter." Prof. Tyndall found that if the air of a room was allowed absolute quietness for several days, it became perfectly free from germinal protoplasts, by their complete settling on the floor and walls. Dalling and Drysdale have shown that while the monad cannot resist temperature of  $140^{\circ}$ , the germs that Prof. Tyndall recognized by his electric beam are capable of germinating, after having been subjected to a temperature of  $300^{\circ}$ . De Bary, in an essay on *Mildew and Fermentation*, says: "Living yeast cells capable of growing and budding are absolutely necessary to the introduction of fermentation. \* \* \*

In dead substances in which we find bacteria, they are undoubtedly the vital promoters of decomposition." Dr. Sansom remarks, "there is the strongest resemblance in the retrograde changes that occur in animal and vegetable matters, resulting in the production of carbonic acid, alcohol, acetic acid, butyric acid, &c., when vegetable substances are decomposed, and carbonic acid, ammonia, butyric acid, sulphureted hydrogen, etc., when the decomposing substance is of animal nature." Prof. Thiersch, of Leipsic, recognized the presence of germs in the blood of living human beings, and Drs. Fischer, Ranke, and others, of Strasbourg, found septic bacteria under Lister's dressings in every case, notwithstanding that all the cases, ex-

cept one, had a favorable course. From the evidence adduced, it appears that the atmosphere does contain the spores of minute vegetations and infusoria, and in greater numbers where animal and vegetable life abound, "that these germs are capable of inducing putrescence in both animal and vegetable substances," that the septic energy of the air is directly proportioned to the abundance of organism in it, that the atmosphere is deprived of its power of producing decomposition by passing in a gentle stream through a narrow and tortuous tube of glass, and also by filtration; that the character of decomposition which occurs in a given fermentable substance is determined by the nature of the organism that develops in it. Hence, we cannot, I think, refuse to believe that the living beings invariably associated with the various fermentative and putractive changes are indeed their causes.

Admitting then, the truth of the germ theory, and proceeding in accordance with it, we must, when dealing with any case, destroy in the first instance any septic organisms which may exist in the parts concerned, and after this has been done, our efforts must be directed to the prevention of the entrance of others into it.

Now, any condition or substance that opposes putrifaction is antiseptic, and, in its widest sense, includes many modes of action. In a surgical sense any agent which prevents those changes in the blood, which ordinarily result from the rapid absorption of large quantities of putrid matter, must be

regarded as antiseptic. Prof. Brewster found by experiment that among the most valuable of these were the metallic salts, as those of iron, copper, lead, zinc, mercury and silver. Guerin used thick layers of cotton and wool as a filter and records good results, but the great practical difficulty is the successful use of this substance lies in the fact that one cannot be sure it does not contain germs, which may become active in the production of putrefaction. Restaing found powdered madder root and Peruvian bark actual preventers of putrefaction, not because they acted as filters, but by destroying the activity of the living germs. Chalk, plaster of Paris, clay, animal and vegetable charcoal form good protective dressings, especially the latter, acting as filters, absorbents of the discharges, and if fetid emanations are given off, preventing them from contaminating the surrounding air. Prof. Ganeger found that meat impregnated with carbonic oxide and sulphurous acid did not putrify in the hottest July weather. Prof. Palli fed the sulphites to a number of animals, and found, that after being killed their bodies resisted putrefaction a much longer time than the bodies of those not so treated, and that the urine passed after taking the sulphites remained fresh, clear and acid, and did not undergo ammoniacal fermentation for eight days in the hottest days of summer. His theory is that these salts do not destroy the ferments, do not directly kill the living germs, but modify the tissues so that they are incapable of being acted upon by the catalytic germs, and thus putrifac-

tion does not occur. Chloride of zinc, as a first application, appears to be the best to which we can resort, when a wound has been for sometime exposed to the action of the atmosphere. It immediately coagulates the superficial layer of the albuminous substances with which it comes in contact, congealing the blood and lymph while yet within the mouths of the small vessels, serves not only to prevent putrefaction, but also to render rapid absorption improbable. In order to avoid septicæmia it is quite as necessary to prevent absorption as it is to prevent putrefaction, and this agent with chlorine, bromine, iodine, the sulphites, quinine, salicylic acid, salicine, benzoic and bracic acid, alcohol and alcoholic tinctures, so alter the organic tissues as to render them either incapable of putrefaction or absorption in such a rapid degree as to produce *taxæmia*. Carbolic acid and kreosote not only devitalize the germs, but also alter the tissues so that they do not so readily undergo putrifactive changes.

Dr. John Dougall, of Glasgow, made a number of experiments with the view of testing the destructive power of carbolic acid on minute organisms, as compared with that of several other substances, most of which are active poisons. The forms of animalculæ, subjected to the test were human spermatozoa, Infusoria and Entomostraca. The Spermatozoa and Entomostraca were allowed to remain in the solution for a period of fifteen minutes, while the Infusoria were immersed for two minutes only, and in every instance the

animalculæ were found dead when removed from the solutions. The solutions were composed of water, and the substance named as follows :

Substance.	Spermatozoa.	Infusoria.	Entomostraca.
Hydrochlorate of Strychnia...	1-30 000	1-450	1-8 000
" " Arsenic.....	1-8 000	1-8 000	1-2 000
Nitric Acid.....	1-18 000	1-1 500	1-300
Hydrochloric Acid.....	1-15 000	1-2 000	1-300
Sulphuric Acid.....	1-15 000	1-1 500	1-500
Alcohol.....	1-12 500	1-750	1-2 000
Bichloride of Mercury.....	1-7 000	1-6 000	1-1 500
Nitrate of Silver.....	1-6 500	1-6 000	1-2 000
Acetic Acid.....	1-10 000	1-500	1-50
Oxalic Acid.....	1-7 500	1-1 500	1-1 500
Chloride of Zinc.....	1-7 500	1-600	1-500
Picric Acid.....	1-3 700	1-450	1-2 000
Tartrate of Antimony.....	1-4 000	1-450	1-500
Hydrocyanic Acid.....	1-5 000	1-250	1-500
Carbolic Acid.....	1-1 000	1-1 500	1-1 500
Camphor.....	1-2 500	1-400	1-250
Tincture of Iodine.....	1-500	1-400	1-500
Solution of Chloride of Lime.	1-500	1-300	1-250
Common Salt.....	1-10	1-50	1-100

From the above table it will be seen that the inorganic acids are highly destructive to minute organisms. The first five, or the five weakest solutions on the list, are simply impregnated

with the poison. He infers that the intensely poisonous properties of the first two are to be attributed to the conjoined action of the acid and the base. He also says in reference to carbolic acid : " From the interest which this substance has created of late, I was most scrupulously careful in determining its poisonous action in relation to the other bodies, and, being somewhat a partisan in favor of its greatly reputed germicidal powers, felt somewhat disappointed when compelled to place it so far down in the table. This result indicates, either that there are preparations vastly superior to carbolic acid in surgery, or that its action on the tissues is special, probably chemical." Even alcohol shows an equal power with carbolic acid on the Infusoria, and a much greater power on the other organisms. In an article published in the *Glasgow Medical Journal*, entitled, "Whiskey as an Antiseptic Dressing in Surgery," the writer states it to be a popular remedy for wounds, abscesses, etc., both in man and animals, in the Western Highlands of Scotland ; being used in the same manner, and with equal success, as carbolic acid.

The New York Ophthalmic Hospital for the Eye and Ear, corner Third avenue and Twenty-third street.

Report for the month ending Feb. 28, 1879 : Number of prescriptions, 3,321 ; new patients, 413 ; patients resi-

dent in the hospital, 30 ; average daily attendance, 145 ; largest daily attendance, 210.

J. H. BUFFUM, M.D.,  
Resident Surgeon.



## AN OPEN LETTER

TO THE MILWAUKEE ACADEMY OF MEDICINE.

Gentlemen,—I have received your circular letter requesting me to assist you and others in forming a conclusion as to whether I am a fool or a rascal.

This is your proposition simplified. If I have known that the medicines I have been using for thirty years were inert, I have been obtaining money under false pretences, and am dishonest. If they are inert, and after prescribing them daily for this length of time, I have failed to make the discovery, I must be incapable of forming a rational conclusion on any subject, and my opinion would therefore in the "test" you propose, be of little value. All this you request, not in the least to benefit me, but in a vain effort to satisfy others about whose opinions I care nothing. Thank you gentlemen! I beg leave most respectfully to decline.

You say "I have publicly avowed that I believe in the medicinal efficacy of the 30th Hahnemann dilutions," &c. I not only "publicly avow" that I believe in the efficacy of the 30th potency (the word *dilution* in this connection I discard, it is only applicable to the low preparations) but in most cases of disease have more confidence still in potencies far above the 30th. You say "a majority of scientific men in and out of the profession do not believe that these preparations possess any curative power!" What do they know about it? What opportunities have they had to know, or who cares whether they do or do not believe?

You say "the evidence that convinces me is not sufficient to convince them." This I deny, it is sufficient to convince any one who will receive it, but how are they to obtain this evidence? Will they go with me and see it tested in ten thousand cases of disease? Not at all! Ignorance, says Hahnemann, is disgraceful only when wilful, and they will to be ignorant on this subject, their opinion is therefore worthless; and what is there better or more convincing in the limited test you propose? Do you suppose that any one who denies that I cure my patients with a medicine will be more likely to believe me if I say that it made me sick? Do they ask for a sign? We have heard of such persons before, and it is just as true to-day as it has ever been, that they would not believe though one rose from the dead.

And do you ask me to experiment as to whether the earth moves, the sun shines, or water seeks its level. Some still deny these things; only a few months ago a lecture was delivered in this city to disprove the theory of the earth's motion; there were, doubtless, those in the audience who agreed with the speaker "the evidence that convinces you not being sufficient to convince them." You say "if the decillionth part of a drop of a dissolved medicinal substance is a more potent curative agent than the tenth, the hundredth or the thousandth part of a drop of the same, it is important that

the world should know it." Just so, but how are you going to give the "world" this knowledge? Hahnemann and his true followers for the past sixty years have been demonstrating this truth as fast as the *world* would receive it, will it be more likely to receive the *dicta* of the "Milwaukee Academy of Medicine?" Is it so extensively known and its reputation so potent and *world* wide, that immediately on the publication of the result of its "test," the "world" will be convinced one way or the other? How we tremble while waiting for the verdict. What a pity this "academy" did not exist in the days of Hahnemann. to "test" the principles enunciated in the organon before they became so wide spread! Why should he have spent a long lifetime in testing and developing that which now a few men only four or five years in the profession think was very probably only a myth.

You say the result of the "test" you propose must be accepted. It is easy to use this word *must*, but how are you going to force its acceptance on the minds of the people. Are all truths popular, or have they ever been? Homœopathy has made more rapid progress in this direction within the past half century than any other discovery in science has ever done since the world began, the evidence of its truth is the hundreds and thousands of cures it effects every year, yet the masses still reject it, will your test be more fortunate? Are people more ready to believe, or can they more readily tell what makes them sick than

what relieves them of pain? You say some of the globules are medicated, and some are not, and you ask me to distinguish the difference; suppose I get no results from any of them, what then? You say, and tell the "world" there is nothing in the 30th attenuation, but I say the "world moves notwithstanding," and that you failed to medicate any of them at all. Is not my conjecture just as good as your assertion? What evidence have we that you are more to be relied on than I am? Or, suppose one of the vials does contain medicine, what proof have you that it is pure or effective? Or grant it to be so, must it necessarily follow that taken as you propose it must always produce its tonical or pathogenetic effects? Must a medicine that will cure a sick man always necessarily make a well man sick? ours is a health restoring, not a health destroying system. If a thing is crooked you may straighten it, but you cannot make it straighter after it is already straight; the system is much more sensitive and susceptible to medicinal influences in disease than in health, even articles of diet that perfectly agree with the stomach in its normal condition are liable to be rejected in sickness. A reasonable amount of light will produce no very marked effect on the healthy eye; but it has to be greatly *diluted* when this organ is inflamed. The system will sometimes for years resist the virus of small pox or other contagious diseases, and afterwards succumb from reading a letter written by one having the disease. Vaccination will not *take* under

all circumstances, or every time however fresh and active the virus may be ; if two out of every five are effected at the first or even the second trial it is, perhaps, about the average. Do you propose to send me five ivory points, one of which you tell me is charged with cow-pox virus, the others with some inert substance, and ask me to detect which is medicated ; but I get no results from any of them, and you immediately let the "world" know there is nothing in vaccination, that Jenner was a fraud, and that all cases of cow-pox purporting to have been caused by vaccination within the past half century were only "instances of incorrect diagnosis," and that "the evidence has no scientific value, for the reason that it is one-sided, the failures being never heard from." Do you suppose your decision would have the weight of a feather with those who knew better, but to those whose minds were made up before the result of the "test" was known the evidence would, no doubt, be conclusive, particularly if it harmonized with their opinions.

You ask if I will not accept this opportunity "to justify my practice and benefit humanity by proving the potential efficacy of the medicines I use."

Thank you, gentlemen. I have all the evidence I need of their efficacy, and justify my practice by being a consistent homœopath, and by practicing what I profess. I know of no better way than this to "benefit humanity." You say if I refuse in distrust, may not my patients distrust me ? It is indeed very kind in you to manifest so much

concern about my welfare and that of my patients ; but please don't concern yourselves. After they have two or three times been relieved by my prescriptions, they will not hesitate to resort to the same means again, and to advise others to do so without asking the advice or consent of the "Milwaukee Academy of Medicine."

Oh, no, gentlemen. You have undertaken a fruitless task, and as a death thrust at homœopathy, one that its vilest enemies have hitherto failed to equal. You virtually imply that very probably Hahnemann was a fanatic, and that all his true followers from his time to the present have been arrant knaves or blank fools, and this from a friend (?) Well may we exclaim *Et tu Brute !*

Why, any set of men professing fealty to any cause should take so much pains to throw distrust and suspicion around it is one of the mysteries that mental philosophy leaves unexplained. Do you profess to be homœopaths ? And what other kind of homœopathy is there except that established by Hahnemann ? Did it exist before his time ? There is undoubtedly the spurious and the genuine, the former existed before him, the latter was promulgated by him, and in defiance of foes from without and enemies from within, it will continue to exist as long as the race continues to populate this earth. If then you have no confidence in Hahnemannian homœopathy (and there is no other entitled to the name), we would advise you to abandon it at once, "stand not on the order of your going."

If you have a concern about our wel-



fare, as you seem to have, and are anxious to do us a kindness, this is the way to manifest it, it will promote our interest and that of homœopathy more than ten thousand such tests as you propose. But if you wish to shake the confidence of the public in the truths of homœopathy, you have hit on the proper expedient; for how can people have confidence in the practice of any physician who, by his continued insinuations, intimates that he has no confidence in it himself.

Let me say to you it was the success

of Hahnemann and his early and true followers in healing the sick that gave to homœopathy the popularity that attracted your attention, as well as thousands of others. And if now, after a few years of imperfect trial, you are dissatisfied with your choice and seek a separation, we make no objection to the divorce; on the contrary, we most heartily consent, provided you will at once adopt, and hereafter retain, your *maiden name*, Eclectic.

C. PEARSON, M.D.

Washington, D. C.

## HOMŒOPATHY ILLUSTRATED.

### SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor.

60.

### LACHESIS—MALIGNANT SCAR- LETINA.

BY

G. N. BRIGHAM, M.D.,

Grand Rapids, Mich.

Case 1.—B. C., aet. 14 yrs. Taken down with a malignant scarlatina. Attended six days by Dr. Parker, a homœopathic physician, and then case was put into the hands of the old school, two physicians deciding that the patient would not rally after 24 hours of their treatment. Summoned 16 miles to see the patient, and found three physicians present, two being of the old

school, and prognosis as I have stated. Found patient lying on his back, with *open mouth, under jaw hanging down, left parotid enormously swollen, tongue dry and loaded with drying offensive mucus, which extended back upon the pharynx, and obstructed the passage in the throat. Nose stopped with bloody mucus, which had also dried down, and become thoroughly impacted high up both nasal passages. Eyes turned back, and patient could not be aroused in the least from a most profound stupor. Pulse quite compressible and small. The capillaries filled quite slowly after pressure applied to the skin. Urine*

heavily loaded with albumen. Patient was put on Lach. 200, supported by a dose of Opium viv. night and morning, for correcting the urinary complication. Became conscious in some 30 hours, and a good recovery followed without any other treatment.

Case 2.—E. F., aet. 12 years, had been prostrated some eight days with malignant scarlatina, which went on with disintegration influences till canker and ulcers spread from the mouth to near the chin, with sanious discharges from nostrils and throat. *Under jaw dropped*, and patient, when first seen by the writer, was having constantly recurring spasms of almost the entire muscular system. *The vibratory movements might be characterized as short and tremulous.* Attending physician had given up using remedial measures, and thought patient in a dying state. Gave Lach. 200, a few globules on the tongue. Spasms abated in a few minutes, and finally passed away entirely in a few hours. Reaction thoroughly established in 24

hours, and Lach. was all the remedy needed in the case.

## 61.

## LACHESIS—MELANCHOLIA.

BY

G. N. BRIGHAM, M.D.,

Grand Rapids, Mich.

Mrs. D. has been troubled with sleeplessness since her confinement, ten weeks ago.

Great disposition to feel sad; despondent; discouragement almost to the loathing of life; sensitive all over the lower abdominal region, so that she can scarcely allow her clothes to touch her; pain in the left ovarian region. Lach. 35. Almost immediate improvement in every important symptom, which has continued to the present time.

## INDIANA INSTITUTE OF HOMŒOPATHY.

The thirteenth annual meeting of this important body will be held Wednesday and Thursday, April 30th and May 1st, in Indianapolis. A large number of valuable papers will be presented by members. The officers of the association are C. T. Corliss,

M.D., Indianapolis, President, F. L. Davis, M.D., Evansville; J. T. Boyd, M.D., Indianapolis, Vice-President; Moses T. Runnels, M.D., Indianapolis, Secretary; J. R. Haynes, Indianapolis, Treasurer. Wm. Eggert, M.D., O. S. Runnels, M.D., R. S. Brigham, M.D., Indianapolis, W. F. Becker, M.D., Aurora, and G. M. Ockford, M.D., Burlington., Vt., Censors.

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EDITORIAL.

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THE MILWAUKEE TEST  
QUESTION.

The test of the 30th dil. of a drug proposed by Dr. Lewis Sherman, and endorsed by the Milwaukee Academy of Medicine, has already commenced to perform the mission of the apple of discord. Misunderstandings have led many of different views to ascribe to unworthy motives the stand taken by those who regard the question in a different light. This is certainly not right.

Dr. Sherman, as well as the members of the Milwaukee Academy, are undoubtedly honest seekers after truth, and hope, if possible, to discover it in such a form as to be capable of mathematical demonstration, viz., as far as it relates to the administration and efficacy of remedies given in a certain grade of dilution hitherto considered curative

by a majority of the homœopaths. The effort, if it had the elements of success in it, would be certainly a laudable one, and if the object could be attained, it would certainly be only second in importance to the great boon conferred by the master when he taught us the law of Similia Similibus Curantur.

But is there a possibility to arrive even to any degree of certainty by the test proposed by the Milwaukee Academy of Medicine : We think not.

They propose to issue to all sincere inquirers or believers in the efficacy of the 30th potency ten vials filled with pellets, one of which has been saturated with the 30th dilution of the remedy, and the other nine with pure alcohol or nothing at all. Each recipient is expected to be able, by means of having tested the pellets upon himself, after a given time to designate which vial contained the remedy and which the unmedicated pellets, and in proportion by the number among the participants in the trial, who may guess correctly which vial contained the medicine, is it to be determined whether that potency is reliable or not.

We have no doubt, from the character of the men who are the leaders in the movement, as well as from their evidently sincere desire to be convinced themselves, that the whole proceeding will be carried on with the utmost scrupulousness as it regards the preparing the test pellets honestly and fairly. But here, at the very outset, we meet, nevertheless, with a stumbling block. There is considerable difference among eminent physicians even as to what is a



potency. Some consider a mere dilution of the proper proportions sufficient to make a potency, others are satisfied with the concussions produced by a *machine* in making the potency, while there is a third class who regard no potency efficacious if not made, according to the teachings of Hahnemann, viz., by concussion by the arm of a man. Now, what sort of potency is it proposed to use?

Which ever may be selected will certainly be not accepted by the whole profession as the true one, and therefore will leave the subject in the same state as it was before the test was made. If it were, therefore, probable that such a test would lead to any practicable results, it would certainly be absolutely necessary that we should first determine and agree upon what is a potency.

But suppose the manner of preparing a potency has been agreed upon and accepted.

It is then proposed to test it. But how to test it? By proving it upon the persons who have accepted the vials, and to ascertain from each which vial contains the remedy.

Can this really and seriously be considered a test of the efficacy or of the curative power of the 30th potency? Is this a proving of the drug?

A drug, in order to be proven upon the healthy body, must be necessarily ponderous in order to produce a disturbance (symptom) in the healthy economy of the human system. The body of man has been wisely so constructed by the Creator, that while in perfect

health it will resist or repel the influence of all ordinary injurious causes, and succumbs only to extraordinary forces. Dilute sulphuric acid may be passed with perfect impunity over the hand protected by a sound or intact cuticle; but if a portion of that cuticle is abraded, the poison will make itself immediately felt.

A man in perfect health may at any time with impunity enter a room in which the atmosphere is laden with the poisonous emanation of scarlet fever or smallpox, or traverse the most miasmatic regions of the South without any ill effect; but if he is worn out by fatigue, or otherwise in feeble health, he will most likely fall a victim to disease. The 30th potency, a highly attenuated dilution, would therefore most probably leave the prover when in good health perfectly free from its influence, while upon the sick, who, by their disease, have been made peculiarly sensitive, it would make a powerful impression. We cannot see, therefore, any possible good or satisfactory results that can arise from the proposed test. The efficacy of a remedy, and in the majority of cases its *modus operandi*, cannot in the present state of medical science be made a subject of mathematical demonstration. It is enough for us for the present that we have a law which teaches us how to select the remedy with unerring certainty, and thus frees us from an otherwise necessary empiricism.

The so-called "Test," if carried out by those who father it, will result in no benefit to the profession, for, in the first

instance, when published it will only prove a bone of contention, and even to those who may accept the conclusions to which the members of the Academy may arrive, it offers no guarantee for the curative powers of all the other potencies now used by the profession. From our own experience, we can only say that when we are once sure of having selected the right remedy by our law, we have often found that it would cure in one potency or another, according to the susceptibility of the patient to whom administered.

We have frequently observed that a well selected remedy will often fail when clinically applied in the 30th potency and cure in the 200th, or fail in the 12th or 30th potency and cure in the 6th. We have no doubt that the experience of many homœopaths, who do not fear the labor attending the selection of a remedy in accordance with our law of cure, will confirm what we have said.

Again we ask, what benefit can we then expect from the experiment to be made with the 30th potency? We cannot see any.

#### HALE'S "STERILITY" IN SPANISH.

We learn that Dr. Juan Maria, of Valentia, Spain, has just finished the translation of Hale's "*Sterility*," which will be published in a few months. He is the same physician who translated Dr. Hughes' "*Pharmacodynamics and Materia Medica*," "*Massy's New Remedies*," and "*Hale's Lectures on Disease of the Heart*." Homœopathy in Spain is making rapid strides of late.

#### NERVE STRETCHING.

On another page will be found an interesting account of an operation performed by Prof. Helmuth. The operation which was that of nerve stretching, and which resulted in a perfect success, inasmuch as the patient was thoroughly cured of a prosopalgia, which had been the bane of her life for more than eleven years, is of comparatively recent origin.

Bilroth was the first who performed the operation. He cured a sciatica by its means in 1869. It was not published until 1872. After the operation the spasms gradually subsided, and after a lapse of three months, never returned.

In 1875 Van Nussbaum and Callender, respectively, stretched the mediæ and the sciatic nerves, and they also report cures.

In 1876 Vogt stretched the inferior dental nerve. He was the first who performed the operation on that nerve, and with great success, notwithstanding the increased difficulties, which necessarily attended it.

Prof. Helmuth's operation, as described in his article, and that of Vogt are so far the only two of that kind on record.

Prof. H. certainly deserves the thanks of the profession for having introduced this new method of relieving our patients from one of the most painful maladies the human race is afflicted with, and many poor sufferers in our land will have occasion to call him blessed. We understand that Prof. H. already contemplates publishing a little work, which will serve to aid those who may desire to perform the same operation.

NEW YORK, Feb. 12, 1879.

The regular monthly meeting of the Homœopathic Medical Society of the County of New York was held this evening at the Ophthalmic Hospital, the President, Chas. E. Blumenthal, M.D., in the chair.

There were present sixty members of the society.

The Bureau of *Materia Medica* reported.

Dr. T. F. Allen presented a paper upon *Argentum Nitricum*, and gave clinical illustrations of its action.

Dr. Alfred K. Hill presented a paper upon *Tarantula Cubensis* received from Dr. Navarro, of Cuba.

According to this fragmentary proving, its action upon the bladder is quite marked. It has been used with great benefit in diarrhœa, retention of

urine, abscesses, anthrax, syphilitic bubos and furunculi.

Dr. Blumenthal made some remarks on opium *glanvolens* (celery), a proving of which he has recently made. Its action upon the nervous system and the sexual organs is particularly marked, causing sexual excitements and nocturnal emissions. The difference between the action of the tincture of the seeds and that of the stalks is very great, and should be carefully studied. A further proving is in progress, and the doctor will gratefully receive any hints which the experience of his colleagues may furnish.

Adjourned.

ARTHUR T. HILL, M.D.,  
*Secretary.*

## COMMENCEMENTS OF HOMŒOPATHIC MEDICAL COLLEGES.

NEW YORK.

The nineteenth annual commencement of the New York Homœopathic Medical College was held on the evening of March 12th at Chickering Hall. The audience, which filled the hall to its utmost capacity, was composed of ladies and gentlemen representing the culture and wealth of the city, besides numerous friends and relations of the young gentlemen who were to receive the diplomas which admitted them to the rights and privileges of the medical profession.

Upon the stage, in addition to the Faculty and Trustees of the institution, and the physicians composing its Board of Censors, were the President of the New York County Homœopathic Medical Society, Dr. C. E. Blumenthal; the President of the Faculty of the Medical Department of the Boston University, Dr. I. T. Talbot, of Boston, and other members of the profession from this and neighboring cities.

The tedium of awaiting the arrival of the students and Faculty was re-



lieved by very fine music. The exercises were opened by a prayer offered by Rev. D. C. Potter, of this city, after which Prof. J. W. Dowling, Dean of the Faculty, addressed the audience, giving some statistics showing the prosperous condition of the college, as to its number of students and its standing at home and abroad. After some comments upon the application of the term "*regular*" and "*irregular*" as applied to the various schools of medicine, especially noting the legal aspect of the question, he closed with a few points of practical advice to those who were about to enter upon the arduous duties of the profession of physicians.

Hon. Salem H. Wales, President of the Board of Trustees then conferred the degree of Doctor of Medicine upon forty young gentlemen, who ascended the platform as their names were called. After conferring the degrees the President made a few remarks calling the attention of the audience to the vastly different state of things pertaining to the commencements of this college now, from what was to be seen ten or twelve years ago; and closed his address by exhorting the young doctors to be earnest, hard workers, cleanly in their habits, and good Christians in all their relations in life, and thus ensure success.

The various prizes were then distributed by the Secretary of the Faculty, Prof. F. S. Bradford, M.D., and were awarded as follows:

1. *The Faculty Prize*—\$100 in cash—to the member of the graduating class who attains the highest grade of excellence, as shown by his written and oral examinations, during the entire period of three years study, was awarded to Dr. Edgar V. Moffat, of Brooklyn.

In connection with this prize *Honorable Mention* was made of the follow-

ing gentlemen who had also distinguished themselves by the high grade of their scholarship through their whole course of study:

Dr. J. W. Cander, of New York; Dr. F. D. Brewster, of Pennsylvania; C. H. Hoffman, M.D., Pennsylvania; Dr. P. A. Banker, of New Jersey; Dr. J. M. Howe, of New York; Dr. G. S. Morgan, of Connecticut; Dr. S. Vehslage, of New York.

2. *The Wales Prize*, offered by Hon. Salem H. Wales, President of the Board of Trustees of the College, to the student in the junior class who attains the highest general average in the written and oral examination upon the junior branches.

This prize—a pocket case of surgical instruments—was this year awarded to

Mr. James E. Lilienthal,  
of New York City.

*Honorable Mention.*

Mr. Carroll Dunham, Jr.,  
of New York City.

3. A prize offered by Dr. H. B. Millard, of New York City, to that member of the graduating class who, in a competitive examination before a board of examiners appointed by the donor, should show the greatest proficiency in pathological anatomy.

A fine case of *post mortem* instruments to

Edgar V. Moffat, M.D.,  
of Brooklyn.

4. The prize for the greatest proficiency in the Department of Obstetrics, offered by Prof. Burdick.

A case of obstetrical instruments to  
Edgar V. Moffat, M.D.,  
of Brooklyn,

5. A prize for the best thesis on Medical Diseases.

"Lilienthal's Homœopathic Therapeutics" to

Dr. E. S. Kinney, of Connecticut.

7. Prize for the greatest proficiency  
in Electro-Therapeutics.

“Althaus on Electro-Therapeutics,”

to

Dr. H. C. Blauvelt, of N. Y.

8. Dr. J. C. d’Korth, of Montevideo,  
Brazil, offered for the best thesis on  
fevers

A Case of Medicines.

Awarded to

W. M. Decker, of N. Y.

9. Dr. F. L. d’Korth, son of the  
above, and a graduate from this College  
of the Class of 1877, offered for the best  
thesis on some nervous disease,

A Case of Medicines.

Awarded to

Dr. Edgar V. Moffat, of Brooklyn.

The Valedictory on behalf of the  
Class was then delivered by Dr. J. W.  
Candee, of New York. It was a brief  
but very pleasing effort.

The Rev. Dr. Armitage, of this city,  
then made a short address to the stud-  
ents upon the relationship between the  
physician and the minister of the Gospel  
while pursuing their vocation in the  
sick room, and in an eloquent manner  
drew the attention of the graduating  
class to some of the profound problems  
awaiting solution, which were suggested  
to the Christian physician in his minis-  
trations upon the sick and suffering, and  
at the end of his remarks closed the ex-  
ercises of the evening with the Benedic-  
tion.

Thus closed one of the most pros-  
perous sessions of the College, while the  
strains of delicious music, and the odor  
of the many beautiful bouquets of flow-  
ers, which had been presented to the  
members of the graduating class by their  
lady friends and admirers, testified to  
the taste of the managers and those who  
assisted at the festivities of the evening.

## LIST OF GRADUATES

of the

Class of 1879.

P. A. BANKER, . . . . .	New Jersey
F. L. BENEDICT, . . . . .	Connecticut
H. C. BLAUVELT, A. B., . . . . .	New York
F. D. BREWSTER, . . . . .	Pennsylvania
L. S. BROWN, A. B., . . . . .	New York
W. G. BROWNELL, . . . . .	“
J. W. CANDEE, . . . . .	“
A. B. COLE, . . . . .	“
G. R. DAVIS, M.D., . . . . .	Ohio
W. M. DECKER, . . . . .	New York
C. J. F. ELLIS, . . . . .	Indiana
E. EVERITT, . . . . .	New York
E. D. FRANKLIN, . . . . .	“
J. F. GOODELL, . . . . .	“
R. C. GRANT, . . . . .	“
A. M. HAIGHT, . . . . .	“
C. H. HOFFMAN, A.B., M.D., . . . . .	Pa.
J. M. HOWE, D.D.S., . . . . .	New York
W. K. INGERSOLL, . . . . .	Illinois
C. S. KINNEY, . . . . .	Connecticut
M. LEAL, . . . . .	New York
A. H. LLOYD, . . . . .	Massachusetts
H. L. LOCKWOOD, . . . . .	New Jersey
R. A. MARTIN, . . . . .	Pennsylvania
B. E. MEAD, . . . . .	New York
E. V. MOFFAT, B.S., . . . . .	“
G. S. MORGAN, . . . . .	Connecticut
E. S. NORRHUP, . . . . .	New Jersey
T. L. NUNAMAKER, M.D., . . . . .	Kansas
W. M. PETTIT, . . . . .	New York
E. M. SWIFT, . . . . .	“
C. A. TINKER, . . . . .	Connecticut
T. S. TURNER, . . . . .	Maine
S. VEHS�AGE, . . . . .	New York
F. D. VREELAND, A.B., . . . . .	New Jersey
S. H. VINCENT, . . . . .	New York
J. T. VANSANT, . . . . .	Kentucky
W. S. WHITE, B.S., . . . . .	New York
H. A. WHITMARSH, A.B., . . . . .	R. I.
L. F. WOOD, . . . . .	Connecticut

## CLEVELAND.

Cleveland Hospital College held its  
twenty-ninth annual commencement on  
the 12th inst. Twenty-four fortunate  
students passed a satisfactory examina-  
tion before the “Board of Censors”  
and Faculty. Quite a number of  
“would-be doctors” were less for-  
tunate, and although they were for the  
time sadly disappointed, yet in the

future they will hold the college in higher esteem. I have for more than twenty-five years worked the best I could in college teaching, and it is very gratifying now to see my old college, as well as the Eastern Colleges, using great care and caution in not allowing any unqualified student to graduate.

The demand for homœopathic physicians throughout the country has been an excuse for our institutions of medical learning to graduate nearly all who applied. There are still hundreds of good openings for young physician, yet it would be better for all if those places remain unoccupied than fill them with new-made doctors poorly qualified to assume the responsibilities of a professional life. It costs many lives to give a physician experience, it costs very many more, if both education and experience are obtained at the expense of health and life.

The Cleveland College, with many others that I have mentioned, seem to appreciate this fact, and now only 20 to 25 per cent. of their matriculants graduate. Some of our medical brethren have expressed an opinion that our practice is dying out. There is no danger if we send out representatives who are well educated. Homœopathy can never die, its principles may be transferred to those who will better care for them if present and coming generations are unworthy representatives of its truth.

Fewer and better graduates should be the rule in every college. The Cleveland College has taken an advance step, it requires every new student to pass an English examination.

Each candidate for graduation is examined by a medical board that have no connection with the college, and it is not presumed that this board will fall into the error that many College Faculties have of competing with

their neighbors in the number of graduates. The day has gone by when any college can maintain a respectable reputation without offering its students an ample opportunity to observe diseases and their appropriate treatment in hospitals, dispensaries, and clinics. Cleveland has erected for its college a large and beautiful hospital in close proximity to the college building.

Hereafter its students will have as good an opportunity to obtain a thorough medical education as any institution in the country.

DR. S. R. BECKWITH,  
Cincinnati, Ohio.

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#### CHICAGO.

The commencement exercises of the Chicago Homœopathic College occurred in this city on Wednesday evening, April 2d at Hershey Music Hall. Prof. Danforth delivered the introductory address, and Dr. W. F. Knoll the class valedictory. The exercises were most happily agreeable to the large company present. The new college building of which mention has been made will be ready for occupancy at the beginning of the winter session. A spring course is given from April 9th to May 14th. Ten clinical lectures are delivered each week during the term by members of the regular faculty.

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#### PERSONAL.

Dr. George Pyburn has been elected County physician of Sacramento, defeating after a spirited contest two alropathic contemporaries who were candidates for the position, our honorable colleagues in that vicinity are justly delighted at the innovation.



## BOOK NOTICES.

SPECIAL OF THE HOMŒOPATHIC YELLOW FEVER COMMISSION, ORDERED BY THE AMERICAN INSTITUTE OF HOMŒOPATHY FOR PRESENTATION TO CONGRESS.

This report was sent to us some time ago, but we refrained from noticing its appearance, because requested to await the edition about to be issued by Messrs. Boericke & Tafel, before attending to it in our journal.

The pamphlet has been gotten out under the supervision of the Chairman of the Commission, Dr. Holcombe, of New Orleans, and bears the unmistakable marks of his tact, taste, and great ability to analyze and arrange.

In fifty-six pages he conveys to us all the information which could possibly be accumulated during the space of time which the Commission had to work in, as well as under the many disadvantages which surrounded them on every side.

Nevertheless, no unprejudiced enquirer can, after a careful perusal of the report, fail to appreciate the importance of the work so earnestly undertaken and executed.

To our school it will prove invaluable, since it clearly demonstrates, by facts, the superiority of our treatment, and the life-saving power of homœopathy, and under trying circumstances when other means fail and have failed.

We will not give even synopsis of its contents, for every physician ought not only to read it carefully, but should also see to it that many copies are distributed among the friends of our school.

THE HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGINAL DISCHARGES. By W. EGGERT, M.D. Boericke & Tafel, New York and Philadelphia.

We welcome this work as a valuable addition to our Homœopathic literature. It will no doubt prove a very acceptable aid to the general practitioner, as well as to the specialist, who desires to cure these very obstinate female diseases with purely Homœopathic treatment. The author has collated the results of the labors of the best writers of our school, and added those of his own, arrived at after many years experience in the treatment of these diseases.

We cannot altogether agree with the author, that the insufficiency of our provings is the main complaint of those who are disheartened when unsuccessfully using our remedies for the cure of these, as well as other diseases. On the contrary, our provings are altogether too copious to be reliable and of practical use, not only to the tyro, but even to the more experienced practitioner. We have too many remedies for one symptom, too many symptoms for one remedy. The symptoms that really belong to one remedy are not sufficiently sifted, in order to assure us that they really belong to the drug, and are not caused by other influence.

We would therefore have preferred that the author would have given us simply the verified remedies—the others only encumber the book—instead of designating them by capitals.

But we will not dwell upon these

minor objections, for the author deserves the thanks of his colleagues for having contributed much to smooth the path of the Homœopathic Gynaecologist, in treating these cases on purely homœopathic principles.

We heartily recommend the work to all who are believers in the doctrine that our law furnishes us with all requisite means to cure all curable diseases of a noso-dynamic origin. The money laid out for the book will be well spent.

HEADACHES AND THEIR CONCOMITANT SYMPTOMS. WITH A COMPLETE AND CONCISE REPERTORY-ANALYSIS. BY JOHN C. KING, M.D., CINCLEVELLE, OHIO. PUBLISHED BY W. A. CHAT-  
TERTON, CHICAGO.

This is a neat little monograph, handsomely gotten up and pleasant to look at. It is replete with remedies and symptoms, too much so probably to inspire confidence as a counsellor in emergencies. In that respect it partakes of the character of many other similar works.

One hundred and eighty-five remedies are given, each with a long array of symptoms, some of which must appear to the reader as very peculiar, and cause him to ask, are these really head symptoms?

The repertory we consider the most valuable part of the book. It is very long, and contains many repetitions, but is nevertheless well calculated to aid the student and busy practitioner. The purchaser will not regret his bargain, since it is certainly worth its price.

HEALTH PRIMERS. NO. 1, EXERCISE AND TRAINING; NO. 2, ALCOHOL AND ITS USE AND ABUSE; NO. 3, THE HOUSE AND ITS SURROUNDINGS; NO. 4, PREMATURE DEATH. D. APPLETON & CO., NEW YORK.

These are four little books, the advance guard of nine more to come, all intended as popular treatises on sanitary subjects and physiology. The names of Drs. Down, H. Power, Mortimer Granville, and John Tweedy, the Editors of the numbers that have been issued, all leading members of the medical profession and of known ability, guarantee that only superior works of their kind will be included in the series.

The laws of health, with which every one should be familiar, is almost a closed volume, to even the better educated among our people. Any one who contributes instruction on the subject ought to be considered a public benefactor. Physicians ought, therefore, to read these little preachers on health, and introduce them into every family in which they practice. They should be found in every Sunday school, private library, and on every parlor table.

GUIDING SYMPTOMS OF OUR MATERIA MEDICA, BY CONSTANTINE HERING, M. D. AMERICAN HOMŒOPATHIC PUBLISHING SOCIETY, PHILADELPHIA.

Another work on materia medica is here presented to the homœopathic physician, for approval and purchase. When we are informed that it comes from the hand of Dr. Hering, we may well look to it as a rich contribution to our medical literature. The ripe and

great experience of the author, his scholarly acquirements, and indefatigable efforts and labor in behalf of the *Materia Medica* of our school, which he has enriched with many valuable remedies, previously unknown, all are a guarantee that this father in our school, is determined to leave behind him a rich legacy for his colleagues and the coming younger followers of Hahnemann.

We have before us only the first volume of the work, which is to be followed by nine more, as quickly as they can be gotten out. It is a pity that so many works, whose full worth can be appreciated only when completed, should thus be issued piecemeal, and thereby remain for sometime, comparatively of much less value to the reader.

The Repertory which cannot be issued until the work is completed, is really indispensable to its full value. Without it, "the busy practitioner," for whom it is especially written, will find it very difficult to derive much benefit from it.

The distinctive feature of the book, and one which makes it expressly valuable, is the marked attention paid to what is called "Characteristic Symptoms." These are really the symptoms peculiarly worthy of our attention, and will in time constitute the most valuable guide in our practice.

We do not think, that the author in his preface has clearly defined what is meant by Characteristic Symptoms. We have no doubt, however, so far as we can catch his idea, that he means,

that they are, what we have always considered them to be. Characteristic symptoms of a drug, are such as are experienced by *every or nearly every* healthy prover when he has partaken of it, and if a number of such, say five or six, report the same symptoms from a given drug, then may they justly be designated as such. Some may claim that they can only be called so, when endorsed by clinical experience. That is only partially true. We have a sufficiently abiding belief in our law of cure, to rely upon the curative powder of a drug, when properly proven.

But it may happen that a drug, with fully established Characteristic Symptoms, may fail to remove these symptoms when given homœopathically for that purpose.

Does that prove the inability of a drug to relieve the patient? By no means. We have often found that in such cases the power of the potency is fully justified. We have repeatedly seen a *well selected* remedy fail in the 3d, 6th, 12th or even 30th potency, and cure in the 200th and vice versa. The power of the potency will in such cases, so thoroughly asserts its claim, that only the willfully blind can deny it.

We hope in behalf of the interest of the profession that the remaining volumes of the "Guiding Symptoms" will follow in quick succession; for only when completed can the work be of real profit to the "busy practitioner."



## HALE ON STERILITY.

In medical literature this is the age of monographs. If Mr. Stuart Mill's statement is true that "it is the utmost limit of human acquirement to combine a minute knowledge of a few things, with a general knowledge of many," then there is good reason for subdividing the wide field of medical science into well defined specialities.

When we bear in mind Prof. Hale's voluminous contributions to our materia-medica, his monograph on diseases of the heart, his busy life as a practitioner and teacher, we are at a loss to know whence came the time and the mental energy for the work which he now places before us. Here is a book of three hundred pages—into the first two hundred of which has been crowded about all the useful knowledge in regard to the causes and treatment of sterility, which wide reading and large experience has taught the author. From the first to the last of these two hundred pages there is hardly one which does not furnish some well established and useful fact, some entertaining theory or some suggestion which will be food for thought. No one who gives the subject a moment's attention can fail to appreciate its moral, physical and social importance.

Anything which increases our ability to successfully treat sterility should receive a cordial welcome and a vote of thanks. It is safe to say that in no other work can we find so exhaustive a description of the causes of sterility and so complete a plan of treatment as in

Prof. Hale's new book. He has searched diligently the literature of this subject, and has incorporated the best deductions of the best authors. To these he has added personal experience which is far from being the least valuable part of the work. The article by Dr. A. R. Jackson, on the "Ovulation theory of Menstruation," which is used (by permission of the author) as an introductory, is of itself worth the price of the book. The last one hundred pages are given to the treatment of the "disorders and accidents of pregnancy, and the prevention of painful and difficult labor"—a Herculean task, but well handled. It will prove a God-send to many a practitioner, and it is to be hoped, to many a suffering woman.

JOHN W. STREETER.

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BOOKS, PAMPHLETS, AND JOURNALS RECEIVED.

BOOKS.

HEALTH, AND HOW TO PROMOTE IT. By RICHARD McSHERRY, M.D. D. Appleton & Co., New York.

DIPHTHERIA: ITS HISTORY, CAUSES, SYMPTOMS, DIAGNOSIS, PATHOLOGY, AND TREATMENT. By WILLIAM MORGAN, M.D., London. Boericke & Tafel, New York and Philadelphia.

PAMPHLETS.

—First Annual Report of the Board of Directors of the American Homœopathic Publishing Society.

—Report of the Homœopathic Relief Association, with valuable papers on yellow fever, by leading physicians of New Orleans, La., 1878.

—Plain facts about the working women of New York, 1879.

—Members of the Alumni Association of the New York Medical College and Hospital for Women.

—Commencement Address to the class of 1878-79 of the Homœopathic College of Missouri. By J. M. Kershaw, M.D., St. Louis, Mo.

—The Milwaukee Test. By Samuel Potter, M.D., Milwaukee, Wis.

—Annual Report of the Brooklyn Homœopathic Hospital, 1878.

—Report of the Association for the advancement of the medical education of women. Putnam & Sons, New York.

## JOURNALS.

—The Homœopathic World. London, March, 1879.

—The Hahnemanian. Boericke & Tafel, New York and Philadelphia. January, Feb., March and April, 1879.

Dr. Winslow, the able editor of this journal, has evidently taken charge of this revived enterprise, with the full determination to do yeomen service in the cause of Homœopathy. The addition of such a champion to the ranks of those who battle for the fair edifice erected by our school, and to keep it from being sullied by foes from without and within, is a matter of congratulation to all the true followers of the teachings of our venerated master.

—American Observer. Detroit, Mich., March, 1879.

A veteran in our ranks, who comes always replete with good things, old and new, but always valuable.

—The Homœopathic News. St. Louis, Mo., March, 1879.

One of the liveliest little journals of our school, never read without some profit to the readers, and contains information found in no other journal in so brief a space.

—The Missouri Dental Journal, St. Louis, Mo.

—The Medical and Surgical Journal, Eclectic. 586 Lexington av., New York.

—The Southern Medical Record, Atlanta, Ga. Certainly one of the ablest and most dignified Southern medical journals of the old school.

—Phrenological Journal and Science of Health. Wells & Co., New York.

—The Chicago Medical Times, Eclectic, March, 1879.

To our Western friend we can unhesitatingly say, in the Times you have a journal you may be proud of, and which ought to be sustained.

Our sanctum is so crowded with our welcome visitors from all parts of America and Europe in journalistic garb, that we must defer our welcome to the rest, until we issue our next number.

## SOCIETY NOTES.

The Michigan Homœopathic State Medical Society meets in the City of Detroit May 20th and 21st. A large number of papers are promised, and an interesting meeting is anticipated.

R. B. HOUSE. Sec.

# “THE CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF IOWA.”

A society to be known as the Central Homœopathic Medical Association of Iowa was organized January 29th. The annual meetings are to be held in Cedar Rapids on the second Wednesday in July, and a semi-annual meeting at such time and place

as a majority present at the previous annual meeting shall determine. The election of officers resulted as follows :

President—Prof. A. C. Cowperthwait, of Iowa City.

Vice-President—C. H. Cogswell, of Cedar Rapids.

Secretary—J. H. Drake, of Mt. Vernon.

Censors by E. Cogswell, V. M. Law, and P. Moore, of Cedar Rapids.

Five members were elected Essayists, to report at the annual meeting. Though not auxiliary to the State Society, the society desires to work in harmony with all similar associations to promote the cause and further the interests of homœopathy everywhere.

After a profitable season, spent in discussing medical topics, the association adjourned to meet in regular annual session in the office of Drs. Cogswell & Bro.

All were well pleased with the progress made in organizing a live association. All Homœopathic physicians in good standing are cordially invited to attend all meetings.

Bureau of Materia Medica Pharmacy, and Provings; in the American Institute of Homœopathy.

Special subject to be reported upon and discussed at the next meeting : Drug Attenuation in Homœopathic Therapeutics.

1. History of drug attenuation in homœopathic practice up to the death of Hahnemann, with a statement of its objects and methods.

2. History of drug attenuation in homœopathic practice since the time of Hahnemann, with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann.

3. The means employed in drug attenuation—what they should be, and the dangers of impurity.

4. The limits of drug attenuation, or

proofs of drug presence in attenuations above the third decimal, from the stand-point of the Scientist.

5. The limits of drug attenuation, or proofs of the presence of medicinal power in attenuations above the sixth decimal, from the stand-point of the Therapeutist.

Items of information, bearing upon any part of the subject selected by the Bureau, sent by members of the profession, will be thankfully received and properly considered.

J. P. DAKE, M.D.,  
*Chairman.*

NASHVILLE, Tenn.

NOTE.—We have been requested to insert the above card, addressed to the physicians of the country. We do so with pleasure, and hope that all who have something to contribute on the subjects to be discussed, will do so, and send it to the Chairman of the Bureau. It seems to us, however, that as it regards the fourth division, no general rule or test can possibly be applicable to all drugs alike. Musk and sulphur, for example, are perceptible to smell or taste, even in the highest attenuation, while Mercurius Viv. and Ferrum Met. require a powerful instrument to detect their presence in the 12th or even the 6th trituration.

#### ITEMS OF INTEREST.

Extracts of Malt for medical purposes are being gradually superceded by the more recent pharmacal preparation Maltine, made of the cereals wheat, oats, and barley. It possessés all the valuable properties secured in the other article, and is enhanced by the additional virtues component of the oats and wheat.

A controversy concerning the merits and demerits of baking powders has been in progress for some time past. Chemical test has proved many of them capable of great harm, through the injurious substitutes used to cheapen the product. But even when purity is secured there is generally lacking any quality which would commend them to medical approbation, and something that possesses actual therapeutic value merits mention. Horsford's self-raising bread preparation has every requisite

for properly making bread and pastry. It is a simple phosphate, and restores to the flour the essential and nutrititious properties removed with the bran, and will be found particularly desirable and valuable to those dyspeptically disposed.

#### PUBLISHERS' NOTICE.

We wish just pleasantly to say a word to two former attaches of this corporation. They have essayed a new publication, which we trust may become an esteemed contemporary. In their various introductorys they have made several accusations bearing on this journal, to the effect that we are an eastern scheme, have removed to New York, etc. As a matter of fact, of which our readers are aware, this publication has been issued from Chicago and New York for nearly two years, and no alteration has occurred in this respect. But we do not claim to be a western, nor an eastern journal, nor have we ever been controlled by sectional interests; while a large portion of our patronage is western, and many of the valued contributions are from gentlemen in this vicinity, still we believe that the broader field of *homœopathy* is the one which has secured the grand success of this issue, and the very large increase of circulation during past three months, evidences the feeling of the profession towards us.

In conclusion, we wish the publisher of the *Counselor* every success which his merits and honorable qualities deserve.

Chicago, April, 1879.

D. C. S., Pres. A. L. C. Pub. Co.

Owing to the extraordinary demand for the American Homœopath, the January and February editions have been exhausted, and some delay must occur in supplying subscribers with issues mentioned if not already received.



THE  
AMERICAN  
HOMŒOPATH,

*A MONTHLY JOURNAL OF MEDICAL, SURGICAL,  
AND SANITARY SCIENCE.*

*Vol. IV.—MAY, 1879.—No. 5.*

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SURGICAL CLINIC,

BY

Prof. E. C. FRANKLIN, M.D.

Reported for the AMERICAN HOMŒOPATH, by A. R. Wheeler, C.A., Ann Arbor, Mich.

M. B. presented himself at the Homœopathic Surgical Clinic on February 1st, 1879, with a large fibro nasal polypus extending backward into the naso pharyngeal cavity, filling it up entirely, impinging against the nasal septum, and extending downwards to the epiglottis, almost producing suffocation, which at times was so severe that death was frequently apprehended. On a previous occasion this tumor had been ablated and destroyed by a strong copper wire passed around it and tightened from time to time till it dropped off. The tumor recurring, as was predicted, Dr. Franklin concluded to try Prof. Burns' osteo-plastic resection of the

nose, or rather his modification of it as follows: An oblique incision was begun at the inferior edge of the right ala nasi and continued in a horizontal direction below the inferior edge of the left ala, to the first molar tooth of the diseased side; the incision, at the time of leaving the left ala, sweeping a little upwards to escape dividing the mucous membrane at the point of duplicature over the gums. A second incision, obliquely, downwards and outwards, was made over the root of the nose at a point corresponding with a horizontal line, cutting the pupils of both eyes. From this point a third incision was carried perpendicular to the skin

and down to the base to meet the termination of the first at the first molar. These incisions being completed, the periosteum was cut through. A fine metacarpal saw was entered at the left ala, corresponding with the floor of the nose, and continued horizontally outward through the superior maxilla to the first molar, following the course of the *first* incision. The saw was then withdrawn and made to cut obliquely downwards through the nasal bones, following the horizontal incision over the root of the nose, as before described. From this point it was carried downwards and outwards to meet the extreme point of the first section of the saw at the first molar. Then, with a strong scissors, the septum of the nose was divided obliquely above and below, and with an elevator at the upper extremity of the vertically sawed cleft, the entire external nose was forced apart and laid over on the opposite side of the face. During the whole cutting movement of the saw the point was within the nasal cavity. The hæmorrhage was very profuse from the divisions of the vessels lying within the cavity, and twice the application of Monsel's styptic was resorted to to check the continuous flow of blood. The chain saw was put in readiness to pass over the tumor, but its base was so broad, and its extremity pushed so far into the pharynx, that it was found impossible to carry the saw over the mass. The gouge bone forceps was next called into requisition, and the tumor liter-

ally eaten away piece by piece, until the whole mass was removed. The capillary hæmorrhage continued quite severe throughout this process, and at the termination of the operation the patient was cold and pallid from excessive loss of blood. The wound was immediately stuffed firmly with cotton saturated with Monsel's styptic, the nasal flap replaced and held in position by adhesive strips placed over the nose, and the patient given some brandy and water to excite reaction, and laid upon the stretcher awaiting removal to the hospital. Reaction came on slowly, and not until 6:30 P. M. was he in fit condition to be removed to the ward in the University Hospital. February 2d, morning, pulse 92; given Gel. Patient passed a sleepless night.

February 3—Quite restless during night; pulse in morning 84; wound opened; lint removed; some hæmorrhage. The remnants of the diseased mass were touched with silver nitrate. Cavity filled with lint, moistened with a weak solution of Monsel's salt.

Tuesday, 4th—Lint removed; no hæmorrhage; syringed out the cavity with carbolic acid solution; then filled it with lint, moistened with the same solution.

Wednesday, 5th—Lint removed; posterior nares found filled with clotted blood and shreds of disease. Parts sloughing considerably. All traces of the tumor having been removed, the cut surfaces were adapted and held in position by silver sutures. Mercurius sol. 6x trit. given every four hours.

Thursday, 6th—Some discharge ; has vomited some during the night ; given Ipecac ; wound looking well ; carbolic acid spray used ; Mercurius continued.

9th—Patient continues to improve ; appetite good ; wound continues to heal ; breathes readily through the diseased nostril ; given Kali Bi. 6x trit.

12th—Continued improvement.

16th—Wound nearly healed ; incision over root of nose healed by first intention.

21st—Patient anxious to return home. The wound being healed, he was allowed to go home, to return in two weeks.

Prognosis.—Those diseases are incident to youth ; seldom appear after mature age ; often recur from time to time after operation, and continue till the twenty-first or twenty-second year, when they disappear. So far as this disease is concerned, every vestige was removed. The Professor feared—the germ-producing power being in the system—the disease might return, but the result of the operation was to give the patient a new lease of life. The progress of the case will be reported, as we believe this operation to be the first of the kind performed in this State, and possibly in the West.

## FUNGUS ON THE LOWER JAW.—THUJA 6TH.

BY

THEO. MEURER M.D., NEW ALBANY, IND.

On Dec. 27th last, Mrs. K. brought to me her daughter, aged 10, apparently a blooming young girl. I have known the family for years to strongly favor allopathy. The mother informed me that her daughter was in the habit of exchanging chewing gum with the girls of the place, and attributed to this the fact that she now had something in her left lower jaw, the location being that of the first molar tooth. The other physicians to whom application had been made informed her that the tumor or fungus must be cut out with a piece of the lower jaw bone. Before permitting this disfigurement she decided to try me. The fungus looked *purplish*, bled easy and had a

*stem*. The father of the child I knew to be sycotic, if not more ; the mother on the contrary was a woman of fine frame and health, having borne several children. The fungus became more *angry* in *damp weather*. In addition to this, the girl had an eruption like "Zoster around the abdomen." Appetite good, sleeps well and only fears cutting. I informed them that cutting would accomplish nothing and that internal treatment only was needed. Prescribed Thuja 6 dec. one dose morning and night. From this time on the girl improved, and the size of dose was gradually lessened, till about the middle of February. At this time the mother



thought that a little cauterization would accelerate the cure. In order that she might be convinced of her error I applied Potassa caustica. Like manure to a wheat field the fungus grew again. From that time till March 20 she never interfered with

my Thuja, which was given about three times a week. Now the fungus or tumor is entirely well; it left a very slight carious exfoliation of the jaw, but it went off after two or three doses of Silicea 30 trit. The child is now perfectly well.

### CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

REPORTED BY

H. V. MILLER, M. D., Syracuse, N. Y.

The last quarterly meeting of this vigorous association was held in Syracuse in March, the President Dr. Hawley in the chair. The Secretary's report was read and approved.

#### LAC CANINUM IN DIPHTHERIA.

Vice-President Boyce read an interesting letter from Dr. C. Lippe, of New York, on the use of Lac caninum in diphtheria, chancres and scrofulous affections. Dr. C. L. gave the specific indications for this remedy in cases of malignant diphtheria, as follows: The ulcers go from one side to the other and back again; the ulceration has a glistening, shining appearance [Apis]; the swelling of the glands changes sides and is painful to the touch and the nasal discharge excoriates the nostrils and upper lip [Arum Triph.] These characteristic ulcers, shining and glistening may be found in any part of the body.

Dr. B. stated that at the January meeting of the Western Central New York Homœopathic Society, interesting letters were read from Drs. A. Lippe, H. N. Guernsey, Raue, and

several other distinguished physicians all urgently recommending the use of this new remedy in the malignant or epidemic form of diphtheria. He said that until very recently this remedy had not been used in the Geneva epidemic.

Dr. Hawley said that when the diphtheritic membrane sloughed off leaving an ulcerated surface, the case was likely to prove malignant. He reported a fatal case of this disease, presenting a gangrenous appearance of the diphtheritic exudation, in which Lachesis though apparently indicated, failed.

A discussion followed on the use of the mercurials in sporadic cases of diphtheria.

#### RESOLUTIONS ON THE DEATH OF DR. BIGELOW.

Drs. Benson, Wells and Gwynn were appointed a committee to report resolutions on the death of our lamented friend and brother, Dr. F. Bigelow.

On their report the following

preamble and resolution were unanimously adopted :

WHEREAS, death has removed from our number Dr. Frank Bigelow, an honored member of this society, therefore be it,

*Resolved*, That while we bow with submission to the hand of Him who has taken from our midst one whom we all respected, and whose record was ever pure and good, we extend to the family and friends of the deceased, our heart-felt sympathies, and request the Secretary to forward a copy of these proceedings to the family of the deceased.

Very touching eulogies on the deceased were pronounced by Drs. Brewster and Hawley.

#### "MEDICINAL AGGRAVATIONS."

Dr. Jennings read an able and scientific paper on Medicinal Aggravations, which was listened to with great interest. A copy was requested by the society for publication.

#### THE ORGANON.

The reading and discussion of the Organon was then resumed, most of the members participating and reporting their experience.

#### INTERESTING CLINICAL REPORTS.

Dr. Brewster reported a case of spasms suggestive of Bell., but this remedy failed. On examination he found albumen in the urine, which suggested Kalmia. This remedy was given, and in two days the albumen disappeared.

Dr. Boyce referred to a case of albumenuria or diabetes, which Dr. Dunham cured with Kalmia.

Dr. Hawley reported a case of double pneumonia with left-sided sweat. He said Nux. suits right-sided sweat, and Puls. left-sided sweat. Puls. 30°, quickly cured the case.

Dr. Boyce, with three doses of Lachesis cured a case of pneumonia; patient worse after sleeping.

Dr. Nash reported a case of typhlitis with impaction of fæces in the ileo-cæcal region. During fourteen days he treated the case without relief. Observing that the patient was continually nauseated by the smell of food, he gave Colchicum. In three days a movement of the bowels followed. The fæces were hard, impacted balls.

Dr. Wells said that some twenty-five years ago he and his student, Dr. F. Bigelow made a proving of Apis, and both had this symptom developed : feeling as if they could not breathe again. He found a case of hydrothorax with orthopnoea and the same suffocative sensation as in the Apis, proving. The urinary symptoms also corresponded. After giving Apis, the patient could soon breathe more easily and in two or three weeks a complete cure was made.

In a case of cerebro-spinal meningitis, he observed the same symptom of suffocation ; Apis relieved in half an hour, and soon cured.

Another case of cerebro-spinal meningitis, with same symptoms of suffocation he cured with Apis.

Dr. Boyce reported a case of cough excited by exposure to the south wind. Euphrasia was suggested by this condition and it quickly cured the case.

#### EXPULSION OF AN OBNOXIOUS MEMBER.

Dr. Boyce read a newspaper article dated January 28th, entitled "Homœopathy," and signed by W. C. Doane. He then offered the following preamble and resolution :

WHEREAS, W. C. Doane, a member of this society, wrote and caused to be published in the *Evening Herald*, of January 28th, 1879, printed at Syracuse, N. Y., an article in which he speaks contemptuously and insulting-

ly of this society, and its members, therefore,

*Resolved*, That by this action he proves himself unfit to remain a member of this society, and we hereby expel him therefrom, and we request and authorize the Secretary to erase his name from the list of membership.

Dr. Wells seconded the motion, which was unanimously adopted.

On motion, the discussion of the Organon was to be continued at the next meeting.

Adjourned to the annual meeting to be held on the third Thursday in June, 1879.

### THE TEST.

BY

EUGENE F. STORKE, M.D., MILWAUKEE.

"Is there not danger in introducing discussions, or in proposing tests in relation to the potency question?"

"Danger to what?" we ask.

"Danger to Homœopathy and her best interest," is the reply.

"We did not know that Homœopathy was weak, or that her interests would suffer in the search for truth." "We believe Homœopathy to be founded on truths, which will hold her proudly aloft, in the ages yet to come. Fear of open discussion or of a practical test of the potency question, implies feebleness of inward conviction. Great sensitiveness to the expression of individual opinion, is a mark of weakness.

In the discussion of the potency question we strike at the outset against two prominent *fallacies*, which far too often are not recognized as such. The first of these is this :

*That reliable provings may be made with the higher potencies.*

In making this assertion we mean nothing personal or disparaging to the character of the physicians and others of to-day who have given us such exhaustive provings of these higher potencies, or to the illustrious dead, from whom we have received a detailed account of the higher provings as an inheritance.

The disposition to investigate the pathogenetic power of the higher at-



tenuations of any drug, almost invariably follows as a consequence of more or less complete knowledge of the pathogenetic action of that medicine in its lower dilutions, in its tinctures and in its crude forms.

The proving of the high attenuation is, in reality, one in which the symptoms have already been suggested to the mind. The organs that are wont to be affected by the drug, are mapped out in the imagination, and those parts of the body in which the pathogenetic power is expected to be displayed, are put under the closest surveillance. Such a proving must contain much *chaff*. It will naturally be colored with the pathogenetic knowledge already gained, its tints will be heightened by the imagination or toned down by *a priori* reasoning.

"But," it may be urged, "these provers have been impartial observers, they have cast aside all preconceived ideas of the potential action of the drug, and sought earnestly and faithfully for the truth."

We have no doubt of that. We have no doubt of the candor, probity, or intellectual excellence of these provers; but may they not have been mistaken, as many others have? Is it not true, that in the higher provings of any medicine, of which the prover has even a slight knowledge, he will, as a direct consequence thereof, have his attention concentrated on some particular part or parts of the body? Is it not also recognized as a truth, that whenever one concentrates the attention on any part of the body, a

sensation of some description is sure to originate therein? The sensitive temperaments, who are said to make the best provers, must admit the truth of this. We know very well, that actual disease *may* be, and often *is* produced by the habitual concentration of the attention on an organ. This being recognized, these provings become, in a scientific light, only very partial affairs. To the searcher after truth, they are unsatisfactory and unscientific.

That there have been high provings made by persons who knew not what particular medicine they were proving, need not be denied. They knew that the substance they were proving was supposed to represent the medicinal property of some drug. They confidently expected some unusual sensations. Their attention was concentrated on some part of the body, the precise location of which was determined by accident, predisposition, or some trifling cause. The provings thus elicited would consist of suggested symptoms lacking uniformity; *vide* the re-provings of *Sepia* and *Carbo vegetabilis*. This result is of no more value to the investigating physician than the other.

The earnest desire then comes for a *scientific* experiment, one that will meet all of the exigencies in the case, and be free from all of the objections. This, we believe has been fully compassed by the *Pathogenetic Test*, proposed by the Milwaukee Academy of Medicine.

"A vial of pure sugar pellets,

moistened with the thirtieth Hahnemannian dilution of Aconite, and nine similar vials, moistened with pure alcohol, so as to make them resemble the test pellets, shall be given to the prover. The vials shall be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. The number given to the Aconite vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains Aconite."

"These preparations are to be put up with the greatest care, in the presence of the members of the Milwaukee Academy of Medicine, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers."

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of Aconite, and who have faith in the efficacy of the thirtieth dilution."

This test cannot be considered other than a purely scientific one, and if out of the whole number of physicians engaged in making the test, all or nearly all, single out the Aconite pellets the conclusion must inevitably be, that the thirtieth dilution represents the medicinal properties of aconite, while, on the other hand, a small percentage succeeding in the trial, the inference would be, that this success was due to a lucky guess, and that the thirtieth dilution of Aconite possesses no pathogenetic properties.

The second fallacy against which we stumble in our investigation, is of more importance, viz:—

*That the recorded clinical experience with the high potencies furnishes incontrovertible proof of their efficacy.*

It has been said that the three learned professions have but recently emerged from a state of *quasi-barbarism*. This statement, as regards the medical profession, is substantiated by the myriads of instances, where the sick have been subjected to treatment as crude and barbaric as that of Congo or Ashantee. Prescriptions of burnt toads, powdered earth-worms, Pulmo Vulpis, the expressed juice of wood-lice, the poison of vipers, Lachesis, and the other snake poisons, Cimex lect., Doryphora, dead men's bones, and hundreds of other medicines equally barbaric, have been found, by experience, to be useful in "*curing*" disease. These have mostly been supplanted by others, which have been the out-growth of a still wider medical experience, and thus our clinical knowledge has been developed, accretion after accretion, from generation to generation. Experience recommending medicines and treatment, which subsequent experience eliminates from the general practice. Medical experience is very largely the "*accumulated observations of individual physicians on individual cases of disease.*" Very much individual experience depends on a *post hoc, ergo propter hoc* method of reasoning, "*curing*" patients by medicines, or high dilutions, as sailors bring a wind by whistling.

The physician who *cured* two cases of scarlatina, which had not been

protected by prophylactic treatment, and subsequently, in the same family, lost two from the same disease, in which Belladonna  $3x$  had been given as a prophylactic, might reason therefrom that the early administration of Belladonna, third decimal attenuation will kill a scarlatina patient. This would only be a very ordinary case of imperfect observation, and an exact parallel to the clinical experience, which is offered as proof of the curative power of the high potencies.

The curative power of nature and its most important ally, a reasonable length of time, are entirely ignored in far too many clinical reports. The result, if curative, is invariably ascribed to the last remedy given, and as the tendency is to go constantly to a higher potency, in any given case, that last remedy is very apt to be a lofty attenuation.

Recoveries may sometimes occur spontaneously, under circumstances where we least expect them, as the following will illustrate:

Mrs. — on the 15th day of August, 1878, consulted me regarding a small tumor in the left breast. The tumor had existed two years, and was about the size of a hen's egg. The lady had never been pregnant, nor had she ever suffered any mechanical injury about the breast. She was quite apprehensive about the nature of the swelling, fearing that the examination might result in confirming her suspicions regarding its possible cancerous tendency. The symptoms were, tenderness of the

breast which was much increased for a few days preceding menstruation. Swelling of the left breast at each menstrual period. The soreness of the breast, was aggravated by the least jar. The indurated portion was very hard. There were, absolutely, no other symptoms. These symptoms so perfectly accorded with the pathogenesis of *Conium maculatum*, that I concluded to use a moderately high dilution of that drug. I took my departure after telling the patient, that in my opinion, her trouble was not a cancerous one, thus calming her long lasting apprehensions; and asking her to send a messenger for the remedy. This, I carefully prepared, and left on my office table, in waiting for the messenger—who never came. The lady never got the medicine. I heard nothing from her till about January 1st, 1879, when I met her at a neighbor's. She told me in explanation, that in a day or two after the examination, the breast felt better and as the improvement continued from day to day, she thought it unnecessary to resort to any medicine whatever. In about two months the tenderness and swelling had all disappeared, and the breast was then in a perfectly healthy condition, and has remained so until the present time. The most careful examination now fails to show anything abnormal about either breast.

Had any course of treatment been adopted in this case, the "cure" would by most observers have been attributed to it. The observation would have been recorded and handed



down to posterity as incontrovertible evidence of the value of that method of treatment. Such deductions are erroneous; *such experience is worthless!* This is only an individual case in our personal experience, but it raises this question, are there not many, *many* such in which the "cure" is attributed to the higher dilutions?

The "Therapeutic Test," also proposed by the Milwaukee Academy of Medicine, will, if properly conducted, do much more to establish truth and eradicate error in medical practice, than many years of ordinary experience.

"The thirtieth Hahnemannian dilutions of Arsenicum album, Aurum metallicum, Carbo vegetabilis, Natrum muriaticum and Sulphur, made with the same precautions and care as this of Aconitum shall be used as a test of the therapeutic powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the sick, arising from popular prejudices, the number of vials of unmedi-

cated pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases."

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried and who profess faith in the efficacy of the thirtieth dilution. If in this trial there be about one hundred per cent. of successes, the inference will be, that the thirtieth dilutions have curative powers. If there be only about fifty per cent. of successes, the inference will be, that the thirtieth dilutions have no curative powers."

If these tests are accepted, and conducted in an honorable manner, by those who, for obvious reasons, are pre-eminently qualified for them, the result will be to place Homœopathy purified, many steps nearer the position of an exact science.

EUGENE F. TORKE, M.D.

MILWAUKEE, April 9th, 1879.

LOWVILLE, N. Y., April 28, 1879.

Mr. Editor:

If the proposition made by Dr. Lewis Sherman, and endorsed by the Milwaukee Academy of Medicine is intended as a fair test of the curative power of the 30th potency, I think it can be arranged satisfactorily to all parties. And so I make them a proposition or myself, and presume that others who frequently use that potency will be willing to do the same thing, and in this way the test can be had.

My proposition is for Dr. Sherman to order Messrs. Boericke & Tafel to send me two vials, one filled with pure alcohol, and the other filled with Mercurius sol. 30th cent. That they number the vials, and keep a record of the numbers. That they report the number which the Mer. bore to Dr. Sherman, and Oct. 1st. I will write and tell him which it is, having used

the medicine in my practice, and ascertained by the curative power of the remedy in the 30th potency which is the remedy and which is the blank, and I can then refer to Boericke & Tafel to know if I am not correct.

If ten others will select a remedy and use it and report the same way, it will be as good a test as ten vials in the hands of one man.

If they insist that the 30th potency shall be proven upon the healthy organism, I have only to say that that is contrary to all my ideas of proving drugs, and if others believe in it *they* must accept the test (which seems to be a fair one if they believe thus), or step down and out from their theory.

Awaiting the acceptance of these conditions by Dr. Sherman, I am, yours very truly,

M. H. BRONSON

## ARNICA MONTANA IN DISTURBANCES IN THE PAR VAGUM.

BY

S. M. CATE, M. D., Salem, Mass.

We are always glad to get general indications for the use of our remedies, which will enable us to select the right remedy for diverse phenomena having a common origin. Arnica in disturbances of the Par Vagus may prove an example of this kind.

It is held by some eminent pathologists and dermatologists that herpes zoster (shingles), is caused by such a disturbance. In this light this disease is best removed by removing the cause. While not assuming that this theory is without question, I will give some facts which seem to favor such a doctrine.

I have treated several cases of Herpes Zoster in which there was a severe neuralgic pain in the inflamed skin and adjacent parts, which was very trying to both patient and physician, and which continued for a considerable time, coming on at intervals, after eruption was healed. The last case of this kind which came under my care, was promptly relieved by the local application of a lotion of Arnica Tincture composed of one drachm of the tincture to an ounce of water, painted over the eruption. Arnica 3d was given in solution internally, and the whole trouble disappeared rapidly.

Herpes in various forms appear frequently on different parts of the body and as attendants upon many diseased conditions, such as cold sores upon

the lips and face, perhaps more often than in other diseases, but there is no part of the body exempt from some form of this difficulty. Sometimes these herpetic eruptions come on the tongue, tonsils or larynx, causing considerable irritation and suffering. In the larynx the stinging and burning from the eruption sometimes produces a constant tickling and violent spasmodic cough.

The past winter I had a case of pneumonia accompanied with a cough which was unusual in its violence, and could not be accounted for by the bronchial inflammation and accumulated mucus; the cough was accompanied by a severe pleuritic pain. The patient had herpes on the lips; the larynx was not examined, and whether the eruption was on the larynx, I do not know. Rhus tox. was the remedy for the pneumonia, and was doing the best work against it and the attendant fever, but this accessory trouble was very embarrassing. After several remedies had been tried in vain for the cough and pleuritic pains, Arnica 2d was given in alternation with Rhus, and within twelve hours the cough and pains in the chest were almost entirely removed, and the patient made a rapid and permanent recovery.

I have also found Arnica of great service in a violent spasmodic cough attended with herpes on the face.

There is quite a list of neu

which have their origin in a disturbance of the par vagum, notably among which is that of the intercostal nerves, known as pleurodynia, and for which Arnica is the standard remedy. For all of this class of neuralgias, Arnica

is to be thought of; not that it will cure all, but it will many. This theory we hope may help us often in the selection of the right remedy in some obscure cases.

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## THE CLIMATE OF TEXAS.

BY

E. M. HALE, M.D., Chicago, Ill.

The following extract is from a letter to the Chicago *Inter-Ocean*, dated April, 1879:

"To return to the city of San Antonio. It will doubtless become the largest city in Texas. It is the entrepot for all the trade of Western and Northwestern Texas, an area nearly equal to four States like Wisconsin. It is the center of Government operations of a military character. The Government buildings, just completed, are large and commanding in design. The road already built to Houston will soon be followed by a railroad connection with Austin, Indianola, Eagle Pass, and El Paso. The latter via the Galveston, Harrisburg and Pacific Railroad, will be the real Southern Pacific, so much desired. There is no doubt but the paradise of consumptives begins here, and, according to Dr. Fisher of this city, extends northwestward to Colorado. This health domain is from twenty to 200 miles wide, and forms

a strip extending from this city northward and westward to the Pacific. In this wedge-shaped strip of country anywhere, is the place to send patients affected with bronchitis, laryngitis, pulmonary diseases, asthma, etc., but it will not cure, though it may relieve them, to come here for a few days or weeks. Confirmed cases must come to stay, and they must, if possible avoid the large towns, and live in the country as much as possible. A sine qui nona for consumptives and others who come for their health, is to live twelve or fifteen hours a day out of doors, and throw away all medicine. In temporary cases relief is sure and permanent, as in my own case, for a cough which had troubled me all winter left me before I had been in this country two days.

"While in San Antonio I met an old friend, Dr. Slocum, rejoicing in the best of health, and ready to talk of the time when, twenty years ago, he went to San Antonio to die. So



'far gone with consumption' did the insurance companies consider him, that they paid him his insurance in advance! But he went to this region and lived out of doors, rain or shine, and is a living example of what this climate rightly used, can do for those who avail themselves of its rare qualities.

But San Antonio is only on the verge of this wonderful land. Northward the country rapidly rises so that twenty miles away it is twelve hundred feet above the sea. Here is a hotel called the "Wadsworth," built as a sanatorium—a home for invalids and those who want rest from worrying business. I was informed that the hotel contains everything to make life comfortable. Still further off lies

the village of Boerne, of which I heard wonderful stories of its healthfulness. It is almost entirely peopled by those who were once invalids with pulmonary complaints, but are now well and enjoying themselves in broad *ranches*, "tending their flocks and herds."

Still further away, seventy miles, is Kerrville, a most salubrious place, where my friend Dr. Parsons has a sanatorium, and where hundreds have found health who could not gain it at lower altitudes.

Let me say in conclusion, let no invalid go to these places and sit indoors or sleep in the house unless in bad weather. If they obey these directions, they will recover, if recovery is possible.

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## ETIOLOGY AND THERAPEUTICS.

BY

A. C. RICKEY, M. D., Dayton, O.

In order to successfully combat disease, it is necessary that the physician have clear ideas regarding the cause and also concerning the means which nature suggests for its cure. It is not enough to prescribe a remedy and leave the case without further attention to other remedial measures, if we expect to cure our patients.

When we find in the human body evidence of disease, we may safely conclude that the laws which govern that organism have been disregarded,

and that the over-burdened powers of the system are unable longer to carry on the natural work of the body, and, in addition to that, the burdens imposed by bad living.

The recuperative energies of the system are indeed wonderful; so great that many originally blessed with a vigorous organization can, for long years, subject their bodies to excesses and abuses of the worst kind, and still enjoy a fair degree of health. But there is a limit to this. Sooner

or later the vital powers will give way, sometimes gradually, and at other times suddenly.

It is not the last offence or indiscretion that is to blame, but the debilitating and disease-producing influences continued oftentimes through long years.

Such a marvel is the human body that if the laws of health are even moderately well obeyed, those exciting causes of disease to which the "delicate" and "feeble" so easily succumb would be thrown off without effect. And in the great majority of instances, where disease has not advanced to an incurable stage, if the sufferer will cease violating the laws of health, the reparative energies of the system, unaided by medicinal action, would effect a cure.

We too constantly ignore these truths, and allow the hurry of daily duties to cause us to dismiss our patients without advice as to their habits and the cause of their sickness, expecting a few doses of medicine to antidote all past and future ill effects of injudicious living.

Disease may be suppressed, or the point of manifestation changed, or temporary relief afforded by the above indifferent method; but, to effect cures in chronic and constitutional ailments, requires a careful study of the case, in order that the cause may be abated and the reparative energies of the system given a chance to do away with the ill effects of indiscretion.

The causes of disease are: Pre-disposing and Exciting

Let us notice briefly some of the leading, among those influences, which render the system liable to, or which excite disease.

#### 1st—*Pre-disposing Causes.*

A.—*Inherited*: Scrofula, syphilis, low vital force or defection, nervous temperament.

B.—*Acquired*: Anemia, plethora, vitiated blood, excess or deficiency of elements of the blood, a debilitated state of the muscular and nervous systems.

#### 2d—*Exciting Causes.*

Eating too much, too little, too fast, too many kinds of food at the same meal. Warm, white and shortened bread, pastries, greasy food, pork, coffee, condiments, tobacco, over-stimulating foods and drinks. Eating when tired, over-heated or soon after bathing; eating late suppers, unripe fruits and vegetables, and the flesh of young animals. Over-work, of either body or brain, too little sleep, too little exercise in the open air, hard study or labor too soon after eating, breathing foul or over-heated air, sleeping in poorly ventilated apartments, exposure to extreme heat or cold.

Insufficient clothing, especially on the extremities, sudden change of clothing, suspending the weight of heavy clothing from the waist and hips.

Sitting in a position which cramps the respiratory organs.

Suppression of the elimination of effete material by the lungs, skin, bowels and kidneys, by taking cold,

neglect of bathing, by constipation etc., thus vitiating the blood.

Breathing air poisoned by putrifying animal and vegetable matter, miasm, etc.

Dissipation, intemperate and irregular habits.

Onanism, conjugal onanism, measures used to prevent conception, excess in venery.

Too frequent child-bearing, prolonged lactation, suppressed menstruation, care and anxiety of mind, disappointed affection, jealousy, grief, sorrow, unpleasant employment of body and mind.

It is unnecessary to point out how all these and many other causes of disease not here mentioned, lead to the production and perpetuation of human suffering.

But I wish to emphasize a few points above-noticed, as embodying truths that are fundamental, and which are too frequently overlooked in daily practice; hence the need of being reminded of their force.

These ideas have been called out by two considerations—first, the fact that some practitioners of our school seem to ignore the study and importance of Etiology; and second, the fact that certain gentlemen are putting forth a theory that there is no such thing as bad blood, thin and thick blood, that all disease has its origin in the nervous system, and that all that need be done to cure disease is to apply the “*similimum*.”

Writers of the articles headed “The True *Similimum*,” which appeared in

January and February numbers of the “*Homœopath*,” quietly ignore many essential facts in assuming a theory which they do not attempt to prove.

They also set forth, as the *causes of disease*, that jaded and over-done condition of the nervous system, which is plainly an *effect* of the true causes of disease above-mentioned.

It is but reasonable to expect that any physical organization can be over-done and its energies exhausted. Why blame that exhaustion on the nervous centres?

The function of the nervous system is to convey sensory impressions to, and motor impulses from the sensorium. To sustain the phenomena of reflex nervous action. To co-ordinate the vital functions regulating the supply of blood and nerve force to the various organs as the processes of digestion, absorption, assimilation, intellection or physical exertion may demand.

In order to discharge these functions healthfully, the body must be supplied with pure, vitalized blood. That the blood is vitiated by inaction of the various emunctories, whose business it is to screen and separate from the blood the products of the retrograde metamorphosis of tissue, by imperfect æration and oxidation, and by insufficient and improper supplies of nourishment, and that blood so vitiated and thickened and devoid of vitalizing elements, will not circulate with its accustomed freedom, and generate nerve force and vital energy sufficient to sustain prolonged and ex-



hausting labor, and that the condition of things necessarily resulting therefrom renders weak organs particularly liable to chronic congestion, must be understood and believed by all who are acquainted with physiological processes.

So long as we have a well-balanced circulation of pure blood disease is well nigh impossible. And wherever we have a sluggish circulation of blood, deficient in vital elements and imperfectly depurated, we find a soil in which, not merely contagion, but all manner of disease may grow rank and strong.

Not only so but where this state of things exists, blows, local injuries or irritations and prolonged hyperemias give rise to ulcerations, degenerations, tumors and hypertrophies, etc., because the nutritive and reparative energies of such an organism are too feeble to heal the injury.

Why attribute such diseases to the nervous system which is simply unable to do double duty year after year.

The writer of the article, "The True Similimum," refers to dyspepsia as an illustration of his theory that the nervous system is at fault. Does not indigestion almost always mean errors in diet and manner of eating? Most cases would get well speedily if the causes of the difficulty were removed.

Besides, in chronic indigestion, instead of the stomach being normal in appearance, we find a state of chronic catarrh.

In the cure of disease we must not expect our remedies to do too much.

Our success will depend quite as much on ascertaining and abating the cause of the ailment as upon applying the appropriate remedy.

We must not lose sight of the fact that nature is the great healer.

All our medicines can do is to assist nature. We might almost as well expect to cure an eye inflamed by a foreign body, which still remained to keep up the irritation, by internal medication, as to attempt to cure many diseases by medicine alone.

Rest, quiet, proper food and pure air are wonderful restorers.

By the judicious use of such means, we may not only restore health to the sick, but keep in check inherited tendencies to disease. Without such attention to hygienic measures, how can we hope to check the rapidly increasing tendencies to phthisis and nervous ailments?

While the masses of the people remain in ignorance of the laws governing a perfect physical development, and so many indifferent to the causes of disease, it places a great burden upon the physician who is intent on something more than surface work in therapeutic measures. And while it is true that our remedies, unaided by hygienic influences, do great things, we too often find such cases only temporarily relieved, and the disease soon returns in the same or another form. Had we to give up either medicine or hygiene, we could best afford to sacrifice medicine, so long as we conscientiously regard the good of our patients. But we need not give up either, only always use them conjointly.

## HOMŒOPATHY ILLUSTRATED.

## SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law; hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor.

## 62.

**THUJA-WARTS.**

BY

THEO. R. WAUGH, M.D.,

St. Albans, Vt.

A boy having upon his person fourteen warts called for treatment; examined the diathesis and concluded it to be syphilitic, warts being large, *pedunculated and ragged*. I prescribed Thuja 500, a powder on rising and retiring. In one week they became very much swollen, and in another had entirely disappeared.

## 63.

**CALCAREA CARB.**

BY

A. F. RANDALL, M. D.,

Lexington, Mich.

Case 1.—Called Nov. 10, 1877, to see a baby nearly a year old that has had diarrhœa the greater part of its life. Is emaciated, weak, fretful, does not want to be touched, sleeps much. At present is worse every second day. Has congenital double hernia. Gave Calc. c. 5x, 12, 30, of each one dose, followed by placebo powders for three weeks. Improvement began at once, and continued for three weeks, when the patient had a partial relapse, which was promptly relieved by repeating the prescription. The ruptures closed up rapidly, all the

abnormal symptoms disappeared, and the child has ever since been very healthy. The diet was not changed, and no accessory treatment was used, except that the mother, of her own accord, bathed it a few times with salt and water. Guiding symptoms: *Profuse sweat of the head when sleeping; distended abdomen; strong, pungent, fœtid odor of the urine.*

Case 2.—A young woman had a spongy, painless tumor, of the size of a marble, and of recent growth, on the inner side of her under lip, near the corner of the mouth, on the right side. A few powders of Calc. c., 30x trituration, one every night, completely removed it. Indications: *Fair and fat; leuco-phlegmatic temperament.*

## 64.

**CAUST.-WARTS.**

BY

THEO. R. WAUGH, M.D.,

St. Albans, Vt.

A youth having tried in vain innumerable devices, prescriptions and suggestions, came to me for treatment; his trouble was nothing more serious than warts, but I never saw a boy so literally covered; they were *small, non-pedunculated*, and I judged not syphilitic, had also warts on the *eyes*. Prescribed Caust. 500. In two weeks they began to disappear, and in our they were all gone.

THE  
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gical and Sanitary Science.*

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## EDITORIAL.

### A NEW STATE BOARD OF HEALTH.

The late bill to create a State Board of Health has met with the fate of all the preceding ones introduced for the same purpose. And yet it is conceded by all persons interested in the cause of securing in this State a law which will protect them against the insidious influences which act inimically to the health and well-being of our citizens, that such a body as a State Board of Health ought to be created. The avarice of the builders of many of our houses, the ignorance of the average plumber, the indifference of citizens to the general laws of health, has furnished us with habitations and their surroundings well calculated to breed and foster diseases which, under favorable circumstances,

often ravage whole neighborhoods. The illiterate medical pretender as well as the criminal quack, plies his trade openly in the face of laws made for the suppression of such blots upon the profession of medicine, laws so loosely framed that they are of no avail. Is it not high time that a *general* move should be made to establish by law a body clothed with ample powers and authority to suppress such criminal proceedings?

We may justly inquire into the cause of failure to do such an act of justice to our suffering community.

The impartial observer will readily find it in the illiberality and narrow-mindedness of some of the leading men in the allopathic school. Again and again a bill was presented to the Legislature with a view to establish a Board of Health, with ample powers, to suppress the illegitimate practice of medicine, but it was always framed in a spirit of insolence and with contracted views. No one but an adherent of the allopathic school was to be placed on that board; only an allopathic physician was considered fit to judge of the qualifications of the practicing physician or the candidate for diploma or license. The men who differ from that school in the selection and administration of drugs were in advance proscribed and ignored, and thus proclaimed unfit to take part in protecting the community from quackery and other destructive elements injurious to the health of its individuals. Could it be expected that an enlightened Legislature would pass such a bill, framed in the spirit of the dark



ages? The homœopathic school has become too large a factor to be thus ignored and left out. No law will or can be passed in this State which treats so large and influential a body with contempt.

If our allopathic friends are in earnest to obtain a law solely for the noble and disinterested object to blot out illegitimate medicines and all practices injurious to the health of the community, let them go to work to do so, in the only practical way in which it can and ought to be accomplished. Let them appoint a committee to meet a similar body appointed by the legitimate authority of the other school, established by law in this State, and frame a bill approved of by all, and present it to the Legislature, and we will guarantee it will be passed with hardly any opposition during its progress. All good and earnest men will unite to advance it rapidly and our Governor will sign it without hesitation.

If they look around for a model for such a law, they can readily find it in that of Illinois. It is almost perfect in its details, and has wrought charmingly in that State, freeing it from quackery in less than a year. It is true in this State it could be improved by making the board also the sanitary inspectors for every locality, and thus enabling it to stamp out that bane of every physician, malaria and the causes which produce it.

The legal profession has always been free from that narrow mindedness which proscribes a brother practitioner for practicing according to the

forms prescribed in his locality. The protestant clerical profession has for some time past thrown off its fetters of bigotry and exclusiveness; even Episcopalians and Baptists, the most conservative of all denominations, fraternize with their fellow Christians of every shade of doctrine, as long as they are believers in the fundamental doctrines of Christianity. The medical profession alone adheres to the proscriptive teaching of the middle ages, and refuses to recognize as a brother a fellow-laborer who cannot subscribe to all the doctrines laid down by those who prefer a narrow and illiberal groove to the broad roads that lead all earnest seekers after truth to but one goal to do the utmost good to mankind.

But a brighter day is dawning, the fossil portion of the profession is passing away and the younger generation will soon prove to the world that honest men of different creeds can fraternize and agree to disagree in details, while they work together hand in hand for the good of their fellow-beings.

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The delay in publishing this number of the HOMEOPATH is solely owing to the alterations effected. The printers who did the work on previous numbers, made so many mistakes in spelling and careless proof-reading that we had at last to abandon them. We trust that arrangements now completed will prove more satisfactory to us and our patrons. The necessary preparation

for the change involved a great loss of time, and hence the delay. But we have the assurance that hereafter *the journal* will appear promptly and satisfactorily.

We give in another column a communication from the Secretary of the Erie Co. Med. Soc., and also one on the same subject from the projectors of a new college in that section of the country. Both communications speak for themselves. We, therefore, refrain from any comments for the

present, but shall give our own view of the matter in a subsequent number.

#### ERRATA IN THE APRIL NUMBER.

We desire to correct a few blunders made by the printer in the April number.

On page 88, tenth line from top, read *he* instead of *she*. On page 101, 3d line from top, read *Apium vir.* for *Opium viv.* On page 105, 2d column, 4th line from top, read *Apium* for *Opium*.

#### EPIDEMIC REMEDIES.

BY

C. H. VIEHE, M.D., FREELANDSVILLE, IND.

It is true that the remedy most similar in its action to the disease in which it is administered, is the most curative; but at the same time in many cases and stages of diseases it is not an easy matter to be prompt in *selecting* those remedies. This is especially true in epidemic diseases. It is most important that we should be familiar with the remedy for a given epidemic, that is, know what remedy represents the most prominent symptoms recurring in each individual case of an epidemic. If this is ascertained we may be sure to control the disease in the majority of cases.

This of course takes much study and comparison of a number of cases

of the same disease, for we must find the remedy for each *special* time, as the same remedy will not always serve for every occurrence of such diseases.

Experience demonstrates, that the medicine which proves to be the guiding agent in the treatment of epidemics, is also the proper preventative in many cases.

It might be inferred, in order to make this of general use for the profession, that such epidemic remedies ought to be published to facilitate and promote the administration thereof; but there are some important points, which tend to prevent or postpone such publication and thereby making

it of but little avail. 1. Such remedies can only be found by close observation, discriminate selection, application and comparison of a number of cases, which can only be done in actual practice. 2. It would take too much of time before such publication would reach the hands of the practitioners, and the important period for their use might have passed. 3. It is clear that as epidemics do not always reach a large portion of the country at the same time, many of the readers would not be required to deal with them at all. 4. It may take different remedies in one and the same epidemic in *different* locations, so that the publication of *one* would tend to mislead many practitioners, especially the young in the profession, except such general remedies as Belladonna in Scarlatina, Aconite and Pulsatilla in Measles and Mediocyanureti in Diphtheria, etc.

But it is undoubtedly most advantageous to the patient and even to the doctor himself that he continuously study up such matters and not depend on experience of others. To show more clearly the meaning and importance of the above I give the following hints :

During the past fall, winter and this spring, diseases of the air passages were the most frequent and prominent of all, and Bryonia Alb. was the main remedy in the majority of cases, especially in croupous and catarrhal pneumonia. These diseases were very prevalent here. I treated during this time 20 or more cases of catarrhal and croupous pneumonia. Bry. and other remedies specially indicated were administered, and not a single case was lost.

But not only in this disease was Bry. thus successful, but also in intermittent fever, especially of the quartan type, of which I treated during several months about 25 cases, and Bry. in nearly all cases stopped the attacks and cured the disease. Even in a case of typhoid fever last winter, Bry. was one of the most beneficial remedies. But it would be quite improper to use Bry. in all, regardless of symptoms; for about a month previous to this writing, when damp and rainy weather set in, I found Rhus Tox. the most beneficial, it being indicated in nearly all cases of diseases, even in pneumonies, and constitutes one of the main remedies here for a season.

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#### BOOK NOTICES.

"THE EPIDEMIC OF 1878 AND ITS HOMŒOPATHIC TREATMENT;" ETC. BY ERNEST HARDENSTEIN, VICKSBURG, MISS., TOGETHER WITH A TREATISE ON YELLOW FEVER, BY A. O. H. HARDENSTEIN, M. D. PAMPHLET: 105 PP.

We received the above pamphlet a

few days since, and have perused it with intense interest. The first twenty pages are taken up with reports of New Orleans Health officers. Then follow brief accounts of the plague in Memphis, Grenada, Holly Springs, Jackson and Vicksburg. The special



report of the Homœopathic Yellow Fever Commission occupied twenty-six pages. Fourteen pages more is taken up by the report of the Board of Experts appointed by Congress. A very interesting essay, read by Dr. L. A. Falligant, of Savannah, before the commission follows in company with a brief pithy paper by Mr. W. W. Simons, of the Signal Corps U. S. A. In a short essay Dr. J. P. Dake arrives at the conclusion that yellow fever will not be epidemic this season. Protection from epidemics and national and international quarantine are discussed by Dr. Bushrod James. Then follows a plea for charcoal as a disinfectant together with some very interesting correspondence between Drs. C. B. Kneer and W. P. Wesselhoeft and some United States Naval officers.

We now come to the treatise on yellow fever by A. O. H. Hardenstein, M. D., of Vicksburg.

The doctor evidently inclines to believe that the scourge is spontaneous as well as imported; and he notes a curious physico-astronomical fact. "In cholera epidemics our planetary system is always near the constellation of Perseus where hydrogen abounds. We had been nearing it since 1828. All the years from 1828 to 1833, the years of contact with hydrogen, were years of cholera over the whole world. If hydrogen abounds in one part of space, carbon must in another, and if hydrogen has an influence on the globe, carbon must also. When cholera appeared, in the years named, intermittent fevers disappeared only to

reappear when the dread disease passed away. Is yellow fever one of the consequences of a preponderance of carbon, and, therefore, an absence of ozone? Ozone was notably absent in 1878; carbon must have been in preponderance. We had yellow fever in the Western Hemisphere and in the East the plague. Both are typhus, and both are treated by nearly the same remedies homœopathically. It is singular that Arsenicum, Carbo. veg, Belladonna, Aconite, Lachesis, Anthraxin and Ipecac are the remedies most successful in both diseases. I encountered the plague in Asia Minor and Egypt and used the above remedies with the exception of Lachesis, which had not been proven in 1830. A great many symptoms in the plague, as well as in yellow fever, point to Cadmium sulph., which has undoubtedly relieved much suffering in Vicksburg, and saved many lives, at the hands of myself and Dr. Harper, to whom I recommended it, he using it with most gratifying results."

The doctor then proceeds (with that system and order so characteristic of the homœopathically educated mind) to carefully describe the mode of attack and course of the disease, diverging as follows: "Conscientious allopathic physicians acknowledge that they have no remedy, advising brethren to try remedies and treatments which they, in despair, resort to by way of experiment.

I admire the candor of one eminent allopath who openly acknowledges this want of knowledge in regard to remedies for the treatment of this

fever. Every physician of the allopathic school treats his patients according to his theory (a *law* to guide is not to be found in their practice), hence we find the noticable diversity of opinion among them in treatment. They all agree on one point, however, and that is to attack the bowels with purgatives or laxatives. No homœopathic practitioner does this. Certainly, in our experience, nothing is more detrimental to the chances of recovery of the patient than to aggravate the irritation of the sensitive and diseased stomach and bowels still more, when such remedies prove themselves entirely inefficient in grave cases, often precipitating a mild case into a serious or dangerous state. If the attack comes on after a hearty meal, nine cases in ten empty an overburdened stomach by an effort of nature, the good old dame causing the patient to relieve himself by a painless, natural vomit. If such does not occur, it is not only unnecessary to produce either it or evacuation by artificial means, but, on the contrary, it destroys the comfort of the patient and aggravates the irritation and inflammation of the mucous membranes, rendering them more liable to destruction or removal. A yellow fever patient, during his whole illness, will not eat a teacupful of solid food, reduced from tea, toast, rice-water, beef tea, chicken broth, etc., and when nature refuses to rebel against an insignificant amount, man should not meddle. The fact of numerous living patients lying in bed, without action

on the bowels, for various periods ranging from ten to twenty-two days, ought, I think, to convince the public that the danger in yellow fever does not lie in the inaction of the bowels. When the patient has so far regained his strength as to be able to eat solid food, if nature required assistance, a few doses of *Nux vomica*, in minute doses, always has the desired effect, in my experience, and I certainly had a sufficient number of cases to thoroughly test this question. I can imagine nothing more sensitive than the system of a person attacked by yellow fever. Is it reasonable to handle it roughly, and pour down nauseous drugs? In the proportion that it is sensitive it is also susceptible; and is it not reason to assist nature in treating by the most gentle means, and in the dose of medicine is it not sound logic to avoid irritation, using only minimum doses? Can we imagine the infinitesimal quantity of poison that *produces* the disease?

It is not appreciable by weight, taste, smell, or to the sight under the most powerful microscope. If this minute cause will prostrate the vigorous man and thoroughly disease his whole system, is it unreasonable to apply the remedy in like proportion? The human system is a delicate pair of scales when in perfect health, on a perfect poise. Disease is not a pound weight thrown upon one arm, nor is a pound weight of physic required to restore the balance. Little by little we drop the delicate weights on the scale until the equilibrium is restored. The human sy

tem is a delicate piece of mechanism comparable to the most delicate watch. If a wheel is out of place, we do not grasp it with a pair of blacksmith's tongs; we use an instrument as delicate as the part affected. The diseased system is a target, with the point we aim at of a very small size. We do not load a blunder-buss with slugs and destroy the whole thing. We aim at the mark with an accurate rifle, with a good marksman behind the gun. Does the carpenter tack on the shingle with a spike and sledge-hammer? So in every day life we find thousands of instances illustrating the law of nature in not regarding brute force as power. This is the theory of small doses, but do not imagine that small doses constitute the homœopathic law. Small doses are simply the medium of the proof of the grand law, "*similia similibus curantur*." We respect nature, we follow her teachings against the current of all creeds and doctrines. Hygiene is our close study, and in no disease do we have such happy illustrations as in yellow fever. Fresh air, water and food are the three great supporters of life; still, all can be abused. Air is essential to all life, and the yellow fever patient must have it in abundance; but to let him be in a draft will kill him. Water must be given, but a false desire must be restricted. The patient never wants it warm, and it must be given to him cold, but he must not drink it at the temperature of melted ice. Nourishment he must have, but it must be quality and quan-

tity that will not tax or over-burden a weak stomach. Another great error is the giving of opiates among the old-school practitioners. If brain symptoms produce insomnia (sleeplessness) no homœopath would produce an unnatural sleep. Does not everyone know that patients, under this treatment, very rarely recover? Never for an instant think of using any kind of opiate."

In some carefully collected statistics Dr. Hardenstein finds that in Vicksburg *the mortality from yellow fever under allopathic treatment was about 17 per cent., while the mortality from yellow fever under homœopathic treatment was only about 6 per cent!* The sanitary or hygienic conditions essential for the most successful treatment of the disease are laid down by the essayist very fully and forcibly. He proceeds by dividing the course of yellow fever into three stages. First stage erethic, second stage synochal fever, third stage torpor collapse. In the first stage, erethic, he distinguishes chill and fever: "When the patient is first attacked, Camphor and Veratrum (alb.) present almost identical symptoms; but while Camphor has particularly *coldness of limbs*, Veratrum is indicated when the patient is *cold all over*. Camphor has *trembling internally*; Veratrum trembling and jerking of *external parts*." For the fever of the first stage, Aconite, Belladonna and Bryonia are advised. If nausea and other gastric symptoms set in, Ipec., Ars. and Cadmium sulph. should be studied. At a remote distance it seems presumptuous



for one unacquainted with this terrible fever to make any suggestions. But from the analogies of pathology and pathogenesis it would seem as if such drugs as Baptisia, Gelsemium and Veratrum viride might be worthy of consideration. Our author advises in this stage poultices of "mush" (does he mean corn meal, oat meal or wheat bran?) and powdered charcoal made very cold with ice, and applied to the epigastrium to head off (so to speak) the terrible black vomit. To alleviate nausea he applies ice-cold cloths from the stomach to the throat. He does not favor cold applications to the head, nor does he use stimulants (in this stage,) unless extreme and dangerous prostration of vital force occurs. The chief point of the treatment of the second stage synochal fever as enunciated by Dr. Hardenstein may be summed up in the one word, "*care!*" He pays the most strict attention to the nourishment of the patient, suiting the diet with the utmost nicety in quantity and quality to the appetite of the patient, and progress of his recovery. He finds "Naeve's Food" valuable, and advises "*not too much exercise.*" For the third stage, collapse, Carbo veg. seems specific. The doctor does not think stimulants avail much, but advises their use in *extreme moderation* during convalescence. Many patients handsomely cured, he thinks, die during convalescence from too much exercise or too free indulgence of appetite in food and drink. A very excellent table of symptoms and a comparative materia medica contrast-

ing the drugs already enumerated as most useful in this disease (and also Crotalus horr. and Lach.) find place near the end of the pamphlet. In addition, the doctor advises also a consideration of Arg. nitr., Ars. hydrag., Lobel. inflat., Canth., Ham., Nux v., Calc. c., Cham., Caloc., China, Coff., Puls., Hep., Rhus tox., Opium, Sepia, Daph. ind., Phos., Tort. e., Plumb. met. As to potencies, a very important question and one which should be thoroughly ventilated on every occasion when facts can be displayed, and sifted on every occasion when mere theoretic vagaries are to be paraded, Dr. Hardenstein advises in the 3d Acon., Bell., Bry., Cham., Chin., Coloc., Camph., Ham., Ipec., Nux v., and Verat. alb.; in the 6th, Ars. and Lach.; in the 30th, Bell., Canth., Coff., Cadm. sulph. and Crot. horr. In conclusion we only wish we had space to quote freely the report of Dr. Josh. Holt, Sanitary Inspector of the Fourth Dist. of New Orleans. We will simply say to our brethren that if they need a quick acting and powerful emetic at any time to use the reading of that report! For the condition in which it depicts the great Southern city to be prior to the plague is simply loathsome.

The pamphlet may be had for 50c. post-paid on application to Mr. Ernest Hardenstein, Vicksburg, Miss., and should be found in the library of every homœopathic physician.

C. M. C.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN, WITH A FORMULARY. By EDWARD ELLIS, M. D.

This is the second volume of Wood's Library of Standard Medical Authors. It is particularly noticeable, as the series progresses, the quality does not deteriorate. General observations on management and diet during the first year of life and upwards, embraces the first chapters, and is both interesting and instructive, although some of the ideas promulgated may not agree with the experience of others. The diseases incident to childhood are very fully discussed, and many hints of the greatest practical value may be obtained—especially from the Dietary, where most articles of food are mentioned, and also their mode of preparation. The Formulary will be found of practical use in many cases, more particularly those requiring external applications. A. T. H.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. By Dr. FRIED. THEOD. FRERICHs. Translated by Chas. Murchison, M. D., F. R. C. P., in three volumes.

This is the third volume of "Wood's Library of Standard Medical Authors," and Volume I. of the "Diseases of the Liver." The number opens with a historical sketch of the organ, and the absurdities indulged in by the old writers as to its functions, etc.

The physiological and pathological conditions are so clearly defined as to materially aid in making a diagno-

sis in hepatic diseases, which necessitates an accurate knowledge of this "much-abused organ." The work is illustrated throughout by clinical cases and autopsies, showing exactly what has been observed.

A. T. H.

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The closing exercises of the Homœopathic Medical Department of the State University of Iowa took place Feb. 27th.

The following three gentlemen received the degree of Doctor of Medicine:—

Sheldon F. Davis, Iowa.

R. C. Newell, Illinois.

Jas. H. Thompson, Iowa.

The valedictory was delivered by R. C. Newell. Prof. Cowperthwaite gave the annual address; subject: "The Doctrines of Hahnemann," spending most of his time elucidating the doctrine of potentization. In the evening a reception was held at Prof. Cowperthwaite's residence.

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## CORRESPONDENCE.

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### Editor of THE AMERICAN HOMŒOPATH:

DEAR SIR,—The regular monthly meeting of the Erie County Hom. Medical Society for May, was held at the pharmacy of Dr. H. T. Appleby, Eagle street, Buffalo.

Propositions for membership from members of the faculty of the new College, which were presented at a previous meeting were voted upon, and rejected. We understand that a mandamus, compelling the society to show cause for its action in this respect, will be obtained.

The committee, consisting of Drs. Osborne, Wage and Stumpf, appointed at the last meeting to prepare

and report a preamble and resolutions expressive of the feeling of the society towards the proposed new medical college, presented the following, which were read by the chairman, Dr. Osborne:

WHEREAS, The Homœopathic Medical Society has learned through the daily papers and otherwise that certain individuals have promulgated the scheme of an institution to be established in this city under the title of the Homœopathic College of Physicians and Surgeons—Modern School; and

WHEREAS, Such assumption of pseudo homœopathic principles is reprehensible in those who by their acts and theories show forth an inclination to subvert and degrade the therapeutic law of homœopathy, be it.

*Resolved*, That we ignoring and discountenancing this ill-starred project, fostered by men, the majority of whom are not recognized as homœopathic practitioners by this society, most earnestly protest against the usurpation and adoption of the name of homœopathy in this connection; and be it

*Resolved*, That we warn our professional brethren in homœopathy and homœopathic patrons generally against this attempt, as being uncalled for, deceptive and non-homœopathic; and be it further

*Resolved*, That the project for a proposed college assuming to represent homœopathy does not receive the approval of the Homœopathic Medical Society of Erie County.

On motion the report was received and after some discussion the preamble and resolutions were unanimously adopted as the sense of the society. After the transaction of some routine business the meeting adjourned.

D. B. STUMPF, M. D.,  
Sec. Erie Co. Hom. Med. Soc.

BUFFALO, N. Y.

Editor of AMERICAN HOMŒOPATH:

DEAR SIR,—Inasmuch as the *Transcendentalists* of Erie County Homœopathic Medical Society have waged a war upon the Faculty of the Homœopathic College of Physicians and Surgeons of this city [a new organization], we deem it expedient to advise you of their conduct, that you may the better guard against doing us an injustice, as they declare their intention to send their resolutions to every homœopathic journal in the states, that they may be published to our detriment.

We are pleased to state that the leading homœopathic physicians of the Queen City kept aloof from the meeting, knowing that the result would be an opprobrium to all who like "poor Tray," might be found in bad company. In justice to its presiding officer, we should state that the resolutions were opposed by him, and many others from the very start. Suffice it to say that they, the society, failed to elect the members of the Faculty, four in number, who had the month before petitioned for membership. They also passed resolutions "ignoring and discountenancing our pro-

ject," calling it non-homœopathic, &c., &c., While for eighteen months previous to the organization of our college, its officers and members had frequently urged us to join their society. A mandamus is to be issued at once, and hence we abide the decision of the courts. Our organization is known as the Homœopathic College of Physicians and Surgeons (Modern School), which with us signifies that we are of the rational class, and not strictly dynamizationists to say the least. While we believe, and purpose teaching our pupils that the law of similars, is the true and most scientific method of applying remedies to disease, we admit its limitation, for the system is still in its infancy, and hence imperfect. Eventually it will doubtless be so perfected, that all curable diseases, and possibly all diseases now considered *incurable*, will yield to its influence. Until remedies are proven, and introduced, to combat all morbid conditions satisfactorily, we deem it our prerogative, and duty as *modern* homœopaths to use, promulgate and teach our pupils the manner of using those therapeutical agents, which the experience of ages has proven remedial, and not unfrequently indispensable, such as purgatives, vermifuges, injections, astringents, protectives, alteratives, emollients, tonics, stimulants, sedatives, anodynes, soporifics, and emetics, particularly in false membrane, croup, poisoning, &c., &c. In short we purpose making our curriculum of study as thorough, and scientific as any school in the Union. That our graduates may be entitled to, and receive all the honors of any surgeon in the army or navy of the United States. We hope, and trust that the effort made by the Trustees and Faculty, to establish a school requiring of its matriculants a satisfactory and creditable preliminary examination, and of its graduates a rigid and most thorough investigation of everything taught in any school, may not only entitle us to the term *modern*, but that we may merit and educe from the Homœopathic Medical World the appellation *model* school.

We would like to have you hold your criticism in abeyance until you know more of us, and receive our announcements, which will doubtless be some time in June.

S. W. WETMORE, Dean.  
S. N. BRAYTON, Reg.

## NOTES.

HENRY M. BALDWIN, M. D., has removed from this city to Peoria, Ill.

C. H. Long, M. D., Pontiac, Ill., has been appointed United States Examining Surgeon.

A petition favoring a change in the location of the Homœopathic College of Michigan is being circulated, and has received the endorsement of a large number of the eminent practitioners of the State.

The New York Ophthalmic Hospital for Eye and



Ear, corner 3rd avenue and 33rd street. Report for the month ending April 30, '79: Number prescriptions, 3,869; number of new patients, 485; number of patients resident in the hospital, 43; average daily attendance, 149; largest daily attendance, 223.

J. H. BUFFUM, M. D.,  
Resident Surgeon.

#### LACTOPEPTINE.

This very valuable compound of pepsin, pancreatine, ptyalin, lactic acid, hydrochloric acid, and sugar of milk, is sold under the above name. Samples of this preparation have been very widely distributed amongst physicians throughout the country, and we doubt not their experience of its use has been, like our own, uniformly favorable. We can most confidently recommend it in all forms of atonic dyspepsia. *Canadian Journal of Medical Science, June, 1878.*

BUFFALO, May, 1879.

#### *American Hom. Ophthalmological and Otolological Society:*

The third annual meeting of this society will be held at the Fort William Henry Hotel, Lake George, June 24th and 25th. The sessions will begin each day at 2:30 P. M. A large number of valuable papers have been promised, and all interested in the study of diseases of the eye and ear, are urgently invited to be present. By order of the President.

F. PARK LEWIS, Sec'y.

The first number of the *American Chemical Journal* has appeared. It is edited by Dr. Ira Remsen, Professor of Chemistry in the Johns Hopkins University, and printed by Innes & Co., Baltimore. There can be no doubt of its immediately securing a recognized high position as a scientific authority, not only in this country but in Europe. Prof. Remsen is a sound homœopath as well as a learned chemist, and has completed his studies under the best chemists in Europe, and has also taught in one of the European Universities. We welcome him to the ranks of the journalists.

The *Chemiker Zeitung* reports a curious toxicological case from Hamburg. The body of a man who died in 1867 was taken up for examination. It was thought necessary to make a search for arsenic—the poison of which the man was said to have died—not only in the corpse in question, but in the soil of the church-yard at different distances from the coffin, and in the remains of a man subsequently buried in the same grave. No arsenic was discovered in the later-interred body, but in the body of the man who was thought to have been poisoned enough was found to cause death. In the lid of the coffin and the adjacent earth only minute traces of arsenic could be detected. It was, therefore, held that the man had been poisoned with arsenic, and that some of it had been transferred from his body to the wood of the coffin and the soil which surrounded it.

#### A CARD FROM THE BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY AND HYGIENE, IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The special subject for discussion at the June meeting 1879, will be: Drainage of Cities and Houses.

Several divisions of the subject have been assigned to members of the Bureau, and papers promised, from which synopses will be made, and submitted as a basis for discussion by the Institute.

All the information that can be gleaned that is useful, new and novel upon this topic, is desired by the Bureau.

Should you know of any improved method of drainage, or should you have any ideas in advance of the old methods, will you be kind enough to communicate them to this Bureau at once, or at an early day, so that they may be made available and submitted to the Institute at its forthcoming meeting.

BUSHROD W. JAMES, M. D., Chairman.  
18th and Green streets, Philadelphia, Pa.

TROY, N. Y.

The transactions of the Homœopathic Medical Society of the State of New York, for the following years are in possession of the society, and can be obtained of the undersigned, at one dollar per volume: sent by mail, postage prepaid.

1863	1865	1867	1868	1871
1864	1866	1868	1870	1872

The transactions of the society more recently published are for sale at the following prices per volume:

1873-4, by mail, postage prepaid.	\$1.50
1875, " "	1.75
1876-7, " "	1.50
" " " paper	1.00
" " " cover	1.00
1878, " "	1.50
" " " paper	1.00
" " " cover	1.00
" " " soon to be issued.	1.00
1879, " "	1.00
" " " paper	1.00

These volumes contain full reports of all the meetings ever held by the society; also many articles comprising reports of provings, clinical reports, and papers by expert specialists. The price asked is much less than the books could be sold for were it not that they were printed partly at State expense.

Send money by draft, postal money order, or in registered letter. Address,  
EDWARD S. COBURN, M. D.,  
Treasurer.

91 Fourth St., Troy, N. Y.

#### DIED.

DOWLING.—Wednesday, May 21st, of meningitis, MAMIE, eldest daughter of Dr. J. W. Dowling, of New York City, aged 11 years and 6 months.

THE  
AMERICAN  
HOMŒOPATH,

A MONTHLY JOURNAL OF MEDICAL, SURGICAL,  
AND SANITARY SCIENCE.

*Vol. IV.—JUNE, 1879.—No. 3.*

DISPLACED VISCERA.

BY

A. R. THOMAS, M.D. PHILA.,

Professor of Anatomy, Hahnemann Medical College.

The various organs of the body, are found placed in cavities, the walls of which are admirably adapted to the functional requirement of the contents. The brain, the grand centre of the nervous system—is found carefully embraced and protected by membranes and strong bony walls, effectually securing it against pressure or disturbance of relation of parts, neither of which could be tolerated by this delicate organ. The elastic walls of the chest, may freely expand and contract, thus accommodating the action of the lungs and heart within, while the flexible yielding walls of the abdomen,

permit of the greatest variation in size and change of relation of any of the organs of the body.

Again, the attachments of the several organs of the chest and abdomen, by means of which they are held in position, are such as either to simply restrain or facilitate motion, according to the physiological requirements of the same; or to permit of great displacement and disturbance of relation as a result of disease. Thus the heart is fixed in position only by the large blood-vessels springing from its base, giving freedom of motion to the body of the organ in its pulsations,

while from the flexibility of the mediastinum in which it is placed, the whole organ from the presence of large fluid accumulations or solid growths in either pleural cavity, may be crowded from out of its normal position. The lungs being attached only by thin roots to the mediastinum, may play upon the thoracic walls during respiration, or, from the presence of serous or other accumulations within the chest, they may be compressed into an exceedingly small space at the upper and inner portion of the pleural cavity.

Of the abdominal organs, we find the liver, pancreas and kidneys most fixed in their positions. The narrow folds of the peritoneum, reflected from the liver to the diaphragm, permit only of such motion of that organ as may result from the movements of the diaphragm itself. From the great breadth of the peritoneal folds forming the omenta and mesentery with the exception of a portion of the duodenum and ascending and descending colon we find the whole intestinal tract freely movable within certain limits. In this manner is provided for the requisite change of relation in these organs, from the varying degrees of distension, for the vermicular action of the intestines, and for the displacing tendency of the gravid uterus, various morbid growths, dropsical accumulations, etc.

Notwithstanding the provisions for securing the required motion of these organs, it would seem that any considerable disturbance of relation, any

marked displacement, would so interrupt the performance of their function, as to soon destroy life, and such undoubtedly would be the case, were the displacement suddenly induced, or of such a character as to greatly disturb the circulation in the parts, or perhaps produce complete strangulation. When however the displacement is gradual and slow in its accession, giving time for the parts to accommodate themselves to the new relations, it is astonishing to what extent viscera may be dragged from their normal positions, and life and comparative health be continued.

The following cases will illustrate what is possible in this direction.

Case I. Some months ago a case was sent me for examination and diagnosis from Camden. I found the man suffering from extreme dyspnœa, particularly upon any exertion. This was almost the only subjective symptom. Upon a physical examination found perfect flatness over the whole left side of the chest, with absence of all breathing sounds except in a small space just below the clavicle. The apex beat of the heart was seen and felt on the *right side*, midway between the sternum and nipple, the heart sounds being here also very distinct while they were feebly heard on the left side.

Upon inquiry, found that the man had suffered from an attack of pain in the side with fever, a few weeks previously, which had been followed by this oppression. Diagnosis: chronic pleurisy, with large serous effusion on



the left side, crowding the mediastinum with the heart, far over to the right, and the left lung into a compact mass at the upper and inner portion of the chest.

Notwithstanding this great displacement of the heart and lungs this man was never confined to his bed, was but a few days in the house, and could visit me from Camden, walking all the way, except in crossing the river ; he had no cough, a fair appetite, and except for the great oppression in breathing upon any exertion, would have considered himself well.

I may add that under homœopathic treatment, this fluid was gradually absorbed, the heart returned to its normal position, the lung expanded to nearly its former size, dyspnœa disappeared, and the man resumed his business, that of a carpenter.

CASE II.—A little girl of five years died of diphtheria. From birth she had been a sufferer from frequent attacks of violent pains in the abdomen and chest. A post-mortem was held, when the following remarkable condition was discovered : Upon opening the abdomen, the colon, instead of taking its usual course was found to pass directly upwards from the left iliac fossa to the left of the centre of the diaphragm, to which it appeared attached, from thence pushing in a straight line down the centre of the abdomen to the pelvis. Upon removing the sternum and exposing the left pleural cavity, occupying this, and crowding the lung into a small compass, was found the whole of the

transverse colon. A careful examination disclosed that the left half of the diaphragm was composed of a thin membranous substance destitute of all muscular tissue, that a hernial protrusion of the transverse colon had taken place through this membrane. A thin hernial sac separating the bowels from the lungs. The membranous nature of the left half of the diaphragm in this case, (the right half was normal) presented a marked correspondence to the membranous diaphragm of birds, and Mr. Darwin would probably consider it as an example of a tendency to revert to original forms.

The hernial opening in this case was sufficiently large to permit of the more or less ready passage of the intestinal contents, yet here was evidently the source of the frequent severe colic pains from which the child was always a sufferer, during life.

CASE III.—Several years ago, I made a post-mortem examination in the case of a lady who died with an abdominal dropsy. The abdomen was enormously distended. After drawing off a large quantity of fluid, a free incision was made through the walls from sternum to pubis, when to our amazement, upon looking into the interior, not a single organ could be seen, intestines, stomach, liver, everything apparently gone. The appearance was like that of an abdominal cavity with all the viscera carefully removed. The spinal column projected strongly behind, while above was apparently the arched under surface of the diaphragm. The whole

thing was for a time extremely puzzling. A careful examination of the edges of the incision however, soon disclosed the adhered walls of an immense cyst, into the interior of which we were looking.

After carefully stripping away the extensive adhesions, above and behind what proved to be a large ovarian cyst, were found the greatly atrophied abdominal organs, crowded high up beneath the ribs, and greatly encroaching upon the cavity of the thorax.

CASE IV.—A woman of this city had for many years an enormous hernial tumor on the left side. This tumor reached nearly to the knee, was pear shaped, and larger than a man's head. At the post-mortem, this tumor was found to contain the *whole intestinal canal*, including a considerable portion of the stomach. Commencing probably with a portion of the small intestines, the hernia, having a

wide mouth, gradually absorbed more and more of them, with also the colon, the attachments slowly yielding to the dragging force, until finally the whole mass, *including the pylorus and about one-third of the stomach* became engulfed.

The stomach in this case, extended vertically through the abdomen from the diaphragm to the hernial sac, and measured nearly twenty inches in length. The hernia had for a long time been irreducible, yet had given so little trouble that the woman was seldom absent from her place of business in the market.

The practical lessons taught by cases of this class are: first, increased confidence in the powers of nature in overcoming great obstacles, and in adapting herself to circumstances, and second, hints as to what may be accomplished by a persevering application of means for correcting various deformities, displacements, etc.

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## MORNING SICKNESS.

BY

A. McNEAL, M.D., NEW ALBANY, IND.

Mrs. D., ætas 25, second pregnancy, dark hair, clear complexion, plump and quite good looking. During her former pregnancy for the first three or four months nausea and vomiting all the time, the rest of its duration was very sick, and after delivery the

despondency which had been well-marked all the time, settled down into puerperal mania. She would cry for hours, very restless and unable to sleep, took a violent dislike to her husband, mother and sisters, so that she could not tolerate their presence

This continued for two or three weeks. During all of this time she had the best allopathic treatment in the city.

*Status præsens* is about two months advanced in pregnancy, vertigo which will not allow her to rise from her bed; nausea and vomiting; faint feeling; and some fever, *Cocculus* 200.

June 29, is a little better; 30th, an intermittent fever has developed. *Natrum mur.* 200. July 1. No better. Perceived that she was disposed

to sigh, and on inquiring find that she is very despondent and also learned about her past history. Gave *Ignatia* 200. Next day exhibited marked improvement; the following day was quite well, which continued till the 29th when a slight nausea occurred. Gave *Ignatia* 1000, which relieved promptly.

Her labor was natural and was followed by no melancholy or other complaints.

## CATALEPSY COMPLICATED WITH CHOREA.

BY

D. ALBERT HILLER, M.D., SAN FRANCISCO, CAL.

Sheridan Dodge, 13 years, Californian. February 7th, 1879.—The boy presented himself to-day complaining of palpitations of the heart and of a cough, consequence of a cold. *R.* *Awa S.* powders every two hours.

February 13th.—The boy calling again, in company with his mother, I subjected him to a closer examination, the result of which was a statement that he had been suffering from cataleptic spasms (*St. Vitus' dance*) for several years, and that his mother also had been similarly affected for a time. The boy gave the following description of his disease: Feeling faint, dizzy, apparently losing altogether his sight and his consciousness, he would still, to a certain degree, know what was going on about him,

feeling, however, altogether helpless. After this spell, which lasts for about an hour, he staggers with a sensation as if he walked over the tops of houses; he feels as if his feet were right over his own head, and he is in constant fear of falling down into the street. During the spell he vomits tough phlegm; afterwards suffers from headache, and it takes three or four hours before he becomes quite himself again. But immediately after the spell he always wants something to eat, and it seems that taking food relieves him in some way. If he should forego any meal it would bring on the spell; also any excitement or fear would cause an attack. He is subject to occasional shaking, jerking and twisting—sometimes in the day and sometimes at



night. He also complains of a feeling of choking in his throat, as if unable to take his food properly. After the spell he feels a pressure on the bladder, which is afterwards relieved by frequent urination. Sometimes the spell would come upon him every day in a week—sometimes only two or three times during a week. Frequently palpitations of the heart. His mother gave him vermifuge, and after that he passed pinworms. For five days following the day when he first came under my treatment he had no spell, and the reoccurrence in the evening of the fifth day was but a very mild one. I continued Awa. S. powders every two hours.

February 17th.—Patient gradually

improving; no spell since. R. Awa S. fl. Extr., five drops four times a day.

February 26th.—The patient presented himself this afternoon, having walked all alone to my office, and reported himself to be in perfect health. Since the above date he never had another attack. Owing to his general debility resulting from the spells, I gave him again Awa S. fl. Extr., five drops four times a day.

March 1st.—Patient improved in general health, except occasional twisting of his hands. Medicine continued.

April 1st.—Patient has no other ailments to complain of, in consequence of which he is discharged.

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### GELSEMIUM IN VAGINISMUS.

BY

JULIA HOLMES SMITH, M.D., CHICAGO, ILL.

In the *Ayur-beda* of the Hindoos, the Brahmins taught "the uterus is a dark, disagreeable place, a species of purgatory; the soul which had lived one or more lives on earth is there fitted with another body. The movements of the *fœtus in utero* express the discomfort of the soul which is suffering for its sins, and which on leaving this purgatory at birth, forgets all that happened, and enters upon a new probation, perchance to advance nearer *Nirvâna*." The mod-

ern gynæcologist might use a similar expression, but in far different spirit, for verily the possibility of pain in that organ and its appendages might surely work out the salvation of the poor woman who endures its tortures, but for the unfortunate reflex effect upon the whole nervous system.

One of the "Appendages," the vaginal canal, is oftentimes the seat of a nervous affection which taxes sorely the patience of the patient and

the skill of the physician. I allude to vaginismus. Emmet says of vaginismus: "It is not a distinct local lesion, but dependent upon a displacement, cellulitis, fissure in rectum or neck of the bladder as the exciting cause; and these one or all must be removed before the vaginismus can be permanently cured." A case illustrating his position came under my care last summer.

Mrs. ———, aged thirty, had been a wife seven years, and like Hannah bewailed her sterility. She had menstruated regularly since fourteen; the quantity of the flow was very small, and the pain at times intolerable. Her general appearance was anæmic, the mucous membrane of the buccal cavity very pale; she complained of exceeding nervousness and depression of spirits, and sincerely regretted that marital intercourse at first endurable was now all but intolerable.

Proceeding to make a digital examination, my finger slipped readily into the hot vagina, and was there caught in such a position that any attempt to move it caused great pain. The spasm lasted an appreciable length of time, and was renewed at each attempt to manipulate the parts.

My first treatment was an application of Bell. ointment, which I directed the patient to apply four times a day; smearing her finger with it and introducing within the sphincter. Meantime I consulted Dr. Hale, who suggested Gelsemium internally and locally. Gave the 3x every four hours, and made a glycerole of Gelse-

mium, using two pts. Glycerine to one of Gelsemium, and had the patient anoint as before for three days; then attempted digital examination, and was able to move the finger for some minutes, discovering an elongated and unusually shaped cervix, which was exceedingly sensitive to the touch.

I then prepared several pledgets of cotton from one to three inches in circumference. Saturating with the glycerole, I introduced one daily into the vagina, putting the sphincter on the stretch, and retaining it in place with a T bandage. On the seventh day I was able to introduce the smallest speculum (bivalve), and the cervix was brought into view. The external os was very small, looking puckered up, and the long cervix was conoidal, the canal so small only the smallest sound could pass the inner os. I recognized the condition in which Sims advises amputation as a cure for sterility, but could not induce the patient to submit. The pain of which she complained was caused by inflammation, which had extended within the neck, and the discharge was glairy, thick mucus.

I then applied to the cervix the same glycerole with the addition of Hydrastis, and steadily increasing the size of my cotton dilator, the small speculum could be used very readily; occasionally a slight spasm.

Menstruation then ensued. Ordered Cimicifuga Tinct. one drop in one teaspoon of water every two hours. This increased the flow very decidedly, and

lessened the nervous irritability and pain of which the patient had complained.

At the end of five days resumed the Gels. and found upon examination but little ground had been lost.

During the next twenty days Mrs. ——— wore the dilator constantly, and I made semi-weekly applications to the cervix, which was by that time healed. During the last five days of the twenty I used the large Higbee speculum, and the patient made no complaint when introducing it.

Concluding the paralysis of the nerves of sensation in the vagina complete as well as those of the sphincter vaginæ, I discontinued all

treatment for two weeks, during which time a menstrual period was passed, the patient taking *Cimicifuga* as before with even better results.

An examination was then made with the large speculum and there was absolutely no spasm, and I found no inflammation of the cervix or the canal, so dismissed my patient *cured* of vaginismus but not of sterility, which latter condition needed the surgeon's knife.

Mrs. ———, has been using *Ferrum* in *Calisaya* as tonic prescription and reported herself recently as "free from all nervousness or weakness of any kind."

## OPHTHALMIA.

TRANSLATED BY

WM. SCHERZER, M.D.

Mrs. P., aged forty-five years, suffered for a month with a stubborn inflammation of the eyes, on which two allopathic physicians tried their skill without any avail. August 4th I commenced treating patient. I found intense inflammation of both bulbus and lids, which were ulcerated and convulsively closed; small ulcers on both cornea, and pupils were covered with greenish-grey spots; a feeling of deep-seated pain of a lancinating nature. Patient, however, could have borne her suffering if it had not

been for a most excruciating headache, which threatened to cause insanity. Great tendency of rush of blood to the head, with inclination to commit suicide. I dissolved *Bell.* 3, ten drops in a glass of water, and ordered a spoonful every two hours; externally, a dilution of *Euphrasia* as a wash and also as wet compresses to the eyes. The next day patient received me in a happy mood. All pain had disappeared like magic. After three days' use of *Bellad.* and *Euphrasia* she could almost open both



eyes, without, however, being able to distinguish the surrounding objects. Often a thick mist hung before her, which became more dense when exposed to light. This condition, as well as the greenish-grey spots of the cornea, caused my apprehension and fear, and I advised her to go to a city hospital. As she had no means to go, and placed great confidence in me, I decided to continue the treatment. As there was no further indication for Bell., I gave Merc. corr. 3, morning and evening a dose. After an elapse of fourteen days patient could

discern the surroundings, although as yet dimly. The spots persisted, for which condition I gave Phosph. 6, morning and night. The improvement was very rapid. After six weeks had elapsed the patient, to our mutual satisfaction, could clearly distinguish objects far or near. She could read the smallest print and work point lace, by which means she earned her livelihood. This case illustrates some of the blessings of homœopathy. Sure to cure, quick and economical.—*Homœopathic Klinik.*

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## THE SWEDISH MOVEMENT; ITS MERITS AND ITS LIMITATIONS.

BY

GEO. H. TAYLOR, M.D., NEW YORK.

Gymnastics are exercises to promote and maintain health. The movement cure is the use of exercises adapted to invalids, adjusted to the special requirements of different forms of disease for its cure. The one is a department of hygiene, the other of medicine.

The Swedish movement cure is an adaptation of exercises for the cure of invalids, which has since early in this century been practised in the large towns of Sweden, particularly Stockholm, under the patronage of the government. The development of this branch of medicine is due to

the genius of Peter Henry Leing, who died about 1833. He was not a physician, but a poet, and not hampered by the technical limitations of medicine in his studies and experiments. He utilized special exercises—"movements"—for the benefit of the military and educational systems of the country as well as of medicine, and the practical application of his conceptions are in vogue to this day.

The distinctive principles of this branch of the healing art as practised in the government institutions of Stockholm may be briefly stated to

be—the defective energy of any local part (which is always a characteristic of disease) may be increased by special use, which increases both local nutrition as well as the muscular and nervous power. The flow of blood, carrying nutritive supplies, may by a special method be increased or diminished at will in any organ. The failing local activities and powers of any part of the body may be supported from the general fund, provided this be drawn upon in a way which is easily borne. Local excess of blood, distending individual capillaries, may be transmitted to parts in which blood is deficient. The physiological efficacy of central and important organs are susceptible of increase also, by judiciously directing the means afforded by special exercises to the end in view.

To secure the remedial effects contemplated by the Swedish system the following conditions must be strictly observed. The penalty of non-observance of the conditions is not merely a failure to cure, but the probable substitution injurious in place of curative. That is to say, the remedy is a positive power, capable of misdirection in ill-instructed hands:

1. A correct picture of the condition of the different regions of the body must be had by the physician as regards excess or deficiency of blood, and excess or deficiency of nervous energy, preliminary to prescribing. Movements are a potent means of transferring these to as well as *from* one region to another.

2. Only a restricted amount of muscular tissue must be brought simultaneously into action. The remainder of the body must meanwhile have absolute quiet, preferably in the lying position. In this way the selected region becomes a focus, towards which the organic endeavors are directed. Nutritive and nervous energy reinforce the local powers. This effect is not secured if different portions of the body act at the same time; it would be rendered nugatory through division.

3. These effects are very greatly enhanced by causing the acting muscles to oppose the graduated resistance of a trained operator. In this case the opposing resistance adjusts itself to the force of the acting muscles of the patient. This mode of action stimulates muscular power and directs nervous energy. No inanimate resistance is capable of successfully imitating it or securing results at all comparable with those produced in this way.

4. The rate of motion in which the muscles engage must be very slow—far slower than the habitual motions of the body. This gives emphasis. The nervous energies and the will are sustained in one channel for an unusual length of time, which increases their facility to flow in the chosen direction. The fibrillæ which always contract independently of each other have time for the contraction to extend to all composing the bundle which constitutes the muscle, and also to extend throughout the length of

each fibre. In ordinary motions only portions of the muscle really engage in the contraction. Slow motions contribute to muscular nutrition, while quick motions more severely task the nerves, and thus *prevent* muscular nutrition and diminish powers. Any one can verify this principle by comparing horses of different temperaments.

5. The selected motion is slowly repeated three or four times, not more. This act constitutes a "movement," in the technical meaning of that word. The purpose of affording nutritive impulse in and towards a designated region and of impressing the nerves connected therewith is now served. Further action or repetitions of the action at that time can do no more. The object is not to work, but to prepare the parts for work; not waste of energy, but to guide it. The maximum of effect with maximum of expenditure is secured in the way described. To deviate in the manner of performing the process is simply to lose the effect sought.

6. Periods of ten or more minutes of absolute quiet in the lying position must intervene between movements. It is during this interval that the effect sought by the movement is secured. If, on the contrary, this condition is neglected, and the patient engages in any other action or occupation, even reading, the physiological energies are, of course, impelled in another direction than that given by the movement, with the consequence

of at least dividing and weakening the good effect, if not of losing it altogether.

7. The physician should always make a written prescription, and not trust his memory of the case from day to day. This prescription to the initiated embodies a pathological as well as therapeutic view of the case. It indicates the kind, order, number, direction, force, rapidity, &c., of the operations and all necessary details, which must be adhered to till the progress of the case or the development of symptoms heretofore latent requires a change to be made in the movements.

8. The selected movement ought always to be so arranged as to afford mutual support and to constitute a harmonious whole. The time occupied in their application is about three hours for the stronger patients and two hours for the very weak and helpless. In this way no fatigue is possible; the increase of energy in the successive portions of the body under operations gives a consciousness of increased power at the end of the applications. The term during which invalids engage in the treatment in Sweden is generally fixed at three months.

The difference between gymnastics and movements may now be more thoroughly understood by comparison.

Gymnastics are controlled by general considerations of hygiene, often by caprice; movements are *specific* in object and in the selection of the



means whereby its purposes may be attained.

In the practice of gymnastics the rate of motion in the execution of the exercise conforms to the usual rate or habit of the body, which, it may be noted, rudely corresponds to the length of the extremities, which, though actuated by muscles, yet beat a sort of time. Movements are always slower or much quicker than the natural motions of the extremities.

In gymnastics the whole body, or at least large portions of it, engage in action at the same moment, producing, of course, diffusive effects. Movements engage the restricted parts only at any one time; the effect is concentration.

Gymnastics demand great energy of will and strength of nerve. Movements are adapted to those in which these are deficient, and may be entirely passive; in all, the will and nerve action of the patient are preserved by the substitution of that of the operator.

The Swedish movement cure is admirably adapted to the needs of chronic invalids of every class. With the addition of the use of transmitted energy, it is adapted to every stage of disease, in any degree of feebleness. All chronic invalids labor under the same general difficulty; however, the location of special symptoms may differ. In all the power of respiration is diminished; in all, incomplete products of chemic-o-organic change require elimination, in default of

which some organs suffer from over or under distention; in all there is muscular weakness, indicating deficient muscular nutrition. These are secondary effects to which, unfortunately, the physician's attention is ordinarily exclusively directed, but which cannot be corrected in the absence of improvement in the general conditions referred to. Such are diseases of the spine, head, liver, stomach, bowels, pelvic organs and extremities, in all their varied and variable phases.

The treatment of deficient respiration may serve as an example of the methods of remedying other deficiencies found in chronic affections, and showing at the same time the insufficiency of other resources of medical science for meeting these cases.

The motion of breathing laterally, and especially that communicated downward through the digestive organs, may be very much increased by a judiciously planned prescription of movements. The circumference will often increase two or three inches in as many months, and the amount of air changed at each respiratory act will increase in larger proportion. Both motility and measurement are self-maintained for many years. Even elderly people, in whom the articulations with the ribs are more fixed, are amenable to this change of size and motility, and no surprise is more agreeable to this class than the discovery that they have recovered a large degree of youthful elasticity. The cases of a-symmetry of children

and adults, congenital and acquired; of deformities in general, of that wide range of afflictions referable to the female pelvis, and of paralysis, its immediate and its ultimate consequences, are here only alluded to as instances in which rationally little or nothing radical is to be expected from the effects of drugs, however skillfully applied, because drugs have little and sometimes no direct relevancy to these affections as a whole.

The movement cure affords a solution of the vexed question of diet, about which the chronic invalid, as well as many of his professional advisers, appear to be much mystified. It shows that there is no such thing as eating for strength in the sense in which the proposition is often put. It demonstrates that actual nutrition is always in the ratio of expenditure, and cannot well be in any other ratio, and that a portion of the solicitude regarding food may be now profitably employed in applying it to use. Much of the invalidism of the civilized world arises from the desire and the tendency to evade the natural law of ratio between supply and waste. However rare and unexceptionable may be the quality of food, the surplus above that actually employed is but an impediment to physiological operations, and inevitably works mischief.

The movement cure known in Europe labors under the disadvantage of being founded on the physiology of a former period. It consequently is not adapted to all chronic cases.

It depends too much on the volitional power of the patient, which excludes its beneficial use by those whose nervous powers are impaired. Volitional power begins in actions of nerve-centres, which are the instruments of the will; and terminates in action of the muscles. These two forms of action occurring in every effort, in health, exactly balance each other, and distribute nutrition equally between the two orders of tissue. This is physiology.

In ill health this balance is destroyed. The first evidence of disease is diminution of voluntary power; the muscular assimilation and power of action is lessened. The second is pain, increase of nerve activity and power. There can be no more doubt that pain has its sources in nerve centres than there is that sensation has a similar origin; the two things often appear to be degrees of the same thing.

Every one feels the necessity of suspending work and for recuperation when sick; every one learns that all endeavors to act contrary to this command of nature aggravates, perhaps fatally, whatever disturbance exists.

Chronic affections involve the nervous system and produce a tendency to increased afflux of nutrition to nerve centres. The fact of pain alone involves this consequence.

It is difficult indeed to so manage movements, when these mean vigorous endeavor, in cases where there is any degree of heightened activity of

the spinal centres, without damage to the patient. Hence, in London, cases of the kind referred to are mainly excluded from the treatment.

The movement cure in this country has made great advance, and far beyond the old country practice. Instead of excluding, it prefers cases of nervous disease, and no amount of prostration, weakness, local suffering or disease is the least bar to its use and beneficial effects. These result from the introduction and addition of transmitted motion and power. Motion is not merely excited in but im-

parted to any selected localized portion of the body without in the least disturbing the nerves. On the contrary, nerve excitation is, under proper regulations, infallibly diminished, quietude, and frequently sleep is produced as a direct result of these applications. The very marked effect thus easily produced in nervous support is easily turned to account in securing most radical curative results. In intractable cases of nervous disease, such as paralysis, hyperæsthesia, insomnia, spasms, &c.

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### GASTRIC CATARRH.

TRANSLATED BY

WM. SCHERZER, M.D.

Mr. N., aged 24, tall and of cachectic appearance, complained of pain in the stomach. It manifested itself by the following subjective symptoms: Feeling of tension in the cardiac region, pressure as from a tight bandage around the stomach, with heat, aggravated by exertion or horizontal position; bitter and foul taste in the morning; extreme thirst for cold drinks; continued lassitude, especially of the thighs; insatiable hunger; eating, however, increased the tension of the stomach; violent itching of the thighs in the evening when undressing. The objective examination demonstrated a large painless and rock-like swelling of the pylorus; fæces hard. Patient suffered as a boy with many abscesses, and his present ailment is of a long standing. He was treated by many allopathic physicians

without any benefit, and was unable to work for the last two years. After treating the diseases several weeks with Sulphur, the 5 trit., morning and evening a powder, without avail—only the insatiable hunger disappeared—I gave Lycopodium 6th, the use of which produced a profuse diarrhœa, with a great deal of rumbling. The burning pain, as also the thirst, increased. The pyloric swelling was unchanged. Ars. 3, five drops mixed with ten drops diluted alcohol—five drops to be taken in some water four times per day. In one week's time the complaint decreased and disappeared under continued two months' use, reduced to two doses per day. The swelling in the stomach, however, still existed, only to a less degree. I prescribed Bry. 3, which remedy removed the remaining symptoms in a few weeks.—*Homœopathic Klinik.*



## CLINICAL VERIFICATIONS,

BY

G. N. BRIGHAM, M.D., GRAND RAPIDS, MICH.

CASE 1. Mrs. S. presents herself for treatment after trying a supposed able homœopath for three months without benefit. Suspected uterine trouble and asked for an examination. Found a polypus with a stem something like  $1\frac{1}{2}$  inch in length growing from neck of uterus. Learned that Prof. Crosby had removed a polypus some two years previous, which was also attached to the uterus. She was of a sallow complexion, spare of flesh and very irritable and also easily moved to tears. She had distressing pains extending from within the pelvis up to *left ovary and back to loins* aggravated by *riding in a carriage* and by *walking*. *Worse at the menstrual crisis*. Gave her 200<sup>o</sup> Thuja once in two days. Discharged the polypus at

second period thereafter and it has not returned, it being six years ago that she was treated.

CASE 2. Miss B. had not menstruated for three years, has been previously addicted to self-abuse. Of a nervous lymphatic temperament, is now very much devoted to religion and had given up her bad habit before amenorrhœa set in. Cries at or without the least provocation. Does not know what makes her cry. Breaks down at everything said by her minister in church. Very nervous, sighs a good deal and cannot restrain her tears. Her physician had given her Puls. and other remedies to no purpose. Gave Ignatia 6th. Menstruated in 15 days, and has been regular since.

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A CASE OF FRACTURE OF THE HUMERUS,

BY

H. I. OSTROM, M.D., NEW YORK CITY.

All fractures are in accordance with mechanical laws, and capable of mathematical demonstration. When two bodies are brought in violent contact one of three phenomena follows: either heat is developed, or the bodies

recede from each other with a force equivalent to that which brought them together, or if elasticity is a property of either body, the weaker one will yield. The latter result applies especially to the class of me-

chanical effects to which fractures belong. The factors necessary for a mathematical demonstration of fractures of long bones are those required by the geometrical rules which determine the line of gravity of a body, for the line of fracture will fall through the line of gravity when the injury is the result of indirect violence. A line suspended by its two ends, parallel with the earth, will first bend in the middle, because there is the concentration of the forces opposed to those which maintain its parallel position. A fracture verifies this rule, for when the resultant of the weight of the body—the centre of gravity—is opposed to the resisting force the bone must yield, in the direction of the line of gravity, or it may be said that the angle of incidence which is formed by the bone where it comes in contact with a resisting body constitutes one side of a triangle, the base of which passes through the seat of fracture.

The centre of gravity varies in the same body, and is not constantly as a joint equidistant between its two poles, for the preponderance of weight thrown upon one or the other end of the body will alter its balancing point. Therefore it is impossible to determine what will be the line of gravity of the broken limb at the time of fracture, for owing to the position which the body assumes when the fracture occurs, this will be changed. We have not to deal with the broken bone alone when considering the centre of gravity, but also with that por-

tion of the body that is supported by the fractured part at the moment of injury, through this the resultant of the weight of the body passes, therefore the line of fracture represents the line of gravity of a portion of the body, and not of the broken bone only. So far of oblique fractures caused by indirect violence.

Transverse fractures are usually the result of direct violence, and cannot always be traced to the line of gravity of the body. They take force on a power parallel with the active force and at right angles to the long axis of the bone. The weight of the body has much to do with transverse fractures, and it is possible that a certain motion may be established between the force applied and the resistance opposed to that force by downward pressure. If the weight of a part, or of the whole body, which equals the resistance to the force of contact, is greater than the force applied to the bone transversely to that weight, the bone must give in a direction continuous with the active force. If the weight of the body is less than the active force the latter will carry the body forward in the direction in which it cuts; therefore, when a fracture occurs the body must be heavier than the applied force. When a long bone sustains both oblique and transverse fracture, probably the transverse fracture occurs first, being the effect of the expenditure of the active force in the line of its application; and the oblique fracture last, being the effect

of the weight of the body received upon that part of the bone through which the line of gravity passes.

The following case illustrates the above demonstration of fractures:

A man, aged 35 years, fell fifteen feet, striking his left elbow on the stair railing in such a manner as to throw him into the upper hall rather than on the floor below. A quarter of an hour after the accident he was unconscious, and examination showed an oblique fracture of the shaft of the humerus below the surgical neck, and a transverse fracture above the condyle. The inferior end of the upper fragment was driven toward the chest by the pectoral muscle, and the superior end of the lower fragment was drawn upward and outward by the deltoid muscle, the two fragments overlapping one inch. The olecranon process projected abnormally backward, and the injured elbow from condyle to condyle measured five inches, while the opposite joint measured three and three-quarter inches, evidence that the fracture extended between the condyles.

Twenty-four hours after the accident, there being little moving of the joint, I placed the arm in a gutta percha splint, which extended from above the shoulder to the wrist, and maintained the limb in a fixed position. Twelve days after the accident, there was seen lagging of the fragments of the shaft, with slight motion. On the twentieth day, no motion could be detected, and the elbow was quite firmly ankylosed on the thirty-fifth

day after the accident. The case was dismissed cured. Flexion and extension were imperfect, because of ligamentous ankylosis, but this was gradually overcome by the early use of passive motion. All motions of the arm are now perfect, with the exception of extreme flexion; when this is attempted, the head of the radius, which can be detected in the bend of the elbow, strikes against the humerus. The present relation of the bones is explained by a forward dislocation of the head of the radius, which could follow fracture between the condyles, for from the latter cause rupture of the anterior and lateral ligaments of the elbow would be accomplished. Rheumatism was at times quite severe in the left elbow, but this was removed by *Ferrum mur.* .2.

This case presents several points of interest.

The two varieties of fracture do not commonly occur together, especially is this true of fracture between the condyles, complicated with oblique fracture of the humerus. The nature of the lesion was determined by the peculiarity of the pain, and took place in accordance with the mechanical laws above demonstrated. The transverse fracture occurred first, and resulted from direct violence applied to the elbow, probably in the region of the outer condyles and the olecranon process, the force being directed transversely to the long axis of the bone. The oblique fracture occurred last: when the body fell, and the line of gravity passed through the centre of



the humerus, for at that part the weight of the body would centre.

II. The slight degree of inflammation that supervened. In an injury about joints, inflammation is to be guarded against, and frequently in fractures of the elbow all other treatment must yield to antiphlogistic measures. The present case, however, presented at no time more than healthy inflammation. This was in part due to the early administration of *Arnica*, and the external use of the same drug, before the arm was placed in a splint.

III. The rapidity with which the bone healed, and the subsequent usefulness of the arm. The humerus unites less frequently after fracture

than any other long bone. This is because of a peculiar rotating motion between the fragments, which is much lessened by placing the arm in a straight splint. As this method could not be employed in the present instance, the result may be considered fortunate. The difficulties in treatment were proportional with the unusual character of the injury. Overlapping of the superior fragment was unavoidable, because extension could not be made either by weights or by the use of any of the various apparatuses designed for this purpose. The ankylosis was also inevitable, for no attempt could be made to straighten the limb until the condyloid fracture was united.

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## HOMŒOPATHY ILLUSTRATED.

### SIMILIA SIMILIBUS CURANTUR.

It is designed that the section set apart for this work shall be a particular centre of interest and an especial means of instruction. Typical cases from practice we look upon as the best illustrators of our law, hence we ask contributors and subscribers to join us in manning this department. Let it be remembered, however, that each case is introduced into *these columns* by the law written above, that facts devoid of "lumber" are expected to characterize this section. Let the cases be written concisely, and the symptoms grouped at the foot of each case for easy reference. Will physicians who wish to promote the most intelligent homœopathy garner up their illustrations and forward them to the editor?

#### 65.

### AWA IN GENERAL WEAKNESS AND NERVOUSNESS.

BY

D. ALBERT HILLER, M. D.,

San Francisco, Cal.

Mrs. McK., æt. 50, Scotch. February 6.—Complains of severe nervousness and weakness, the consequence of former pneumonia. Pain under the right shoulder-blade and

clear through the right chest and directly down her right side and hip. Extreme weakness of the back and kidneys. Shows signs of premature old age. Constant fear of something serious happening to her. The least noise affects her nerves. Ringing of a little bell will frighten her, &c. Shortness of breath; weakness of stomach; no appetite. R. Santon. 3. A powder four times a day.

February 15.—Patient thinks herself somewhat better. Medicine continued.

February 25.—Sees no further improvement, so I changed the medication to Awa S. fl. extr., 10 drops, 4 times a day.

March 10.—Patient reported remarkable improvement; slight pain in right side and hip remains; appetite better; shortness of breath after coming up stairs. Medicine continued.

April 12.—Very much better; she is able to speak more freely; after the exercise of ascending the steps she refused to seat herself in order to prove her better condition of mind and body. Medicine repeated, 10 drops 4 times a days.

April 18.—Is entirely free from pain and enjoys perfect digestion. R. Fl. Extr. of Awa S., 4 drops 4 times a day.

April 30.—Patient presented herself to-day, and after a careful inquiry and minute investigation I concluded her to be free from all symptoms whatsoever of disease, and discharged her. The patient soliciting same, I consented to give her another four-drachm vial of Awa S. for use in case of need.

[Will Dr. Hiller be kind enough to furnish the HOMŒOPATH with the provings of Awa?—ED.]

## 66.

### BRYONIA.

BY

A. F. RANDALL, M. D.,  
Lexington, Mich.

A. W. H., type-setter, had been

troubled more or less with rheumatism of right shoulder and arm for several years. Aggravation at night, and by motion. Gave Bry. 3x; took three drops, when the cork came out and remaining contents of vial lost; so he did not get another dose. Result: No more rheumatism from that day to this—nearly six years—except a slight attack in left shoulder this spring from exposure.

## 67.

### CLINICAL CASE.

BY

D. ALBERT HILLER, M. D.,

San Francisco, Cal.

Mrs. Harding, 39 years old (American). March 14.—Some nine years ago, while advanced in pregnancy two months, was suddenly taken with an attack of measles. Although having been cured and having had a natural confinement at the time, a peculiar heavy pain in the eyeballs, accompanied with outward pressure remained up to this date; for which I gave her Lac caninum C. M., morning and evening a powder.

May 1.—Patient came to-day and informed me that she is completely cured of the above complaint, rewarding me with a handsome fee. Having given at the time mentioned only that one prescription and the patient not having reported since, I was agreeably astonished on hearing the happy result.

68.

# CONVULSIVE CONTRACTION OF THE ŒSOPHAGUS.

BY

Dr. B., in B.

Translated by Wm. Scherzer, M. D.

September 10, 1878.—I saw a well-nourished and ruddy-looking old man of seventy years, who had suffered for the last five months with convulsive contraction of the Œsophagus and cardiac orifice, so that at times the fluid-food would remain in the stomach, and easily regurgitate. Some days the fluid-food entered the stomach without hindrance, and di-

gested well. At other days patient was compelled to be fed by means of an Œsophagus-bougie. I could not find any diseased state; only that patient admitted that he always liked to eat very hot food. On examination I found the mucous membrane of the Œsophagus very much reddened and granulated.

Baptisia 12, few powders, one to be dissolved in a half a glass of water, three to four doses per day. In course of a week I received information that three days after taking the remedy food entered the stomach without difficulty, and patient considers himself well.—[*Schweitzer Volksarzt*, 7th.]

## ULCER OF THE LEG.

Dr. Eenens, in *L'Homœopathie Militante*, reports: On Nov. 3d I saw the patient, C. H., a blacksmith, aged 48. His leg was enormously swollen from the foot to the knee, skin showing a dirtyish-gray ulceration, with violet streaks, and studded with little spongy granulations, bleeding easily on the slightest touch, the intervening spaces being filled with a purulent detritus. I noticed also soft reddish fungous, mushroom-like vegetations. There were traces of gangrenous inflammation. An ichorous fluid was emitted, having an unpleasant smell. The ulceration at first commenced with little pustules, which poured forth a fluid, this forming a kind of crust, which, on removal, left the skin bare. Patient's face was puffed, complexion earthy and pale, pulse weak, heart-sounds scarcely audible, heart impulse very feeble, the second sound was heard with great difficulty, which indicated fatty degeneration of the

heart. He had taken a great deal of alcohol, quite lost his appetite, and had been seven months ill, the local affection and and general condition growing daily worse.

Treatment: Arsen. 6 morning, and Lach. 6 evening. Ulcer to be bathed with lukewarm water. It had been covered until then with ointments and pomades of all kinds. The whole ulcer to be dusted over with powdered starch, as soon as every trace of local irritation had disappeared; a nourishing diet; absolute abstinence from alcohol, and a horizontal position for the limb.

Treatment continued one month, complete change taking place, appetite returned, and the leg improved. For general condition prescribed, 1st December, eight doses of Calc. C., 6, one dose every day. The leg was cured, but the patient continued weak; slight attacks of daily intermittent fever occurred before midday.



The spleen was abnormally enlarged. A dose morning and evening of *Arsenicum* and *China* for a week removed the fever.

#### FACIAL NEURALGIA.

The first case is a very severe sufferer, often attacked by neuralgia; her agonizing pain is sad to witness. Often as the patient has been attacked, she always requires some new remedy, and on the last two occasions I have made a note of the surroundings of her ailment. In each, one dose relieved. "The pain began in the evening, about 7:45, intense for half an hour. Again the next evening at six o'clock, and remained till after twelve o'clock. Next evening at six o'clock more intense than ever, always on the left side of the face, worse lying down, better sitting up, in other respects well." *Aconite* 30 relieved. In about a month there was a maddening return. Pain still on left side, relieved by eating, also by heat; worse on motion, and a feeling of emptiness in abdomen. *Phos.* 3x promptly gave help. Both sides of the face, with this lady, have been the seat of pain, mostly in the trifacial nerve, sometimes in the infra-orbital, and in the globe of the eye. Sometimes we have failed at first, and succeeded better on reconsideration of the case, and with the same patient striking benefit accrued on former occasions from *Calc.* *Carb.* and *Coloc.* It is a curious fact that some of these severe cases are the better for port wine in free quantities, with a toleration of it at the time that fairly astonishes one. I think it leaves a kind of paresis of the nerves behind. When from other symptoms there is an obvious uterine connection with the pain, I have seen *Sepia* 3x give prompt help; this again in the left side of face.

Another case: the patient was of bilious temperament, a great invalid, the right side of the face had been chilled, and the result unendurable pain. A worn-out, dark haired woman, of a foreign type, she had suf-

fered from nausea; breath was foul, tongue grey, white, and flabby. *Aconite* 30 was as prompt here as in the other case. Within an hour agony was exchanged for quiet, the skin was quite dry.—*Dr. Ussher in Homoeopathic World.*

#### A NEW PATHY.

For some time past the medical profession in Southern Germany has had its attention called to the "Acetopathy," a system which proposes to cure a large proportion of the diseases of the human system by the external application of vinegar. Mr. Coutts, of London, claims the honor of having made the discovery that most diseases have their origin in an abnormal pressure of the atmosphere, no matter whether local or general, and he considered that this pressure affects mainly the spinal nerves, and then transmits its injurious influence upon the part connected with certain given nerves; hence the treatment consists of applying the remedy upon the portions of the spine which sends out branches of the nervous system to the diseased part. It has not been demonstrated as yet, by the practitioners of this cure, how and in what manner the remedy acts; they only assert that it does act, and act favorably. Dr. Kesselring, of Mulheim, says: I have tested this cure in many cases, and the favorable results have really surprised me. An old lady, who suffered for years from attacks of asthma, had her disease complicated with catarrh of the lungs, and applied the vinegar as directed, and, to my surprise, the relief came speedily and advanced rapidly. In several cases of neuralgia of the hip the vinegar cure was used at first in conjunction with homeopathic remedies. These were soon omitted, and the vinegar alone applied, which, without any other means, resulted in a perfect cure. A still more striking cure was that of a lady who came under my treatment, after having suffered without intermission for several years from neuralgia of the lower spinal nerves and those of the lower extremities. Her sufferings were intolerable. Partial paralysis had already set in, while the bladder and the rectum were entirely paralyzed. After vainly trying the best selected remedies without good result, resorted to vinegar cure; after a few weeks of application of that remedy, the pains had almost wholly disappeared, and she was much improved and able to walk. The doctor desires very much that his colleagues should experiment with the remedy and report results.—*Schweiger Volksarzt.*

THE  
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gical and Sanitary Science.*

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## EDITORIAL.

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### MEDICAL CONTROVERSY 715.

#### MEDICAL DISCUSSION.

Medical discussion, whether oral or in writing, whether in the old orthodox school or in the new and progressive schools, are always beneficial to the participants, bring good results to the audience, and generally end in some good to the lay portion of the community. A *discussion* on medical topics or on some one special topic is always entered upon by the parties to it in good faith and in a sincere spirit of seeking after truth, and even if not successful in wholly accomplishing its object, almost always brings those most concerned much nearer to it than they were before. The earnest seeker after truth constantly keeps the subject matter before his eyes, and

while he seeks to defend his opinion by argument and the citation of facts, never forgets his claim to the character of a gentleman, by using temperate language, or by making the discussion a personal quarrel with his antagonist.

Many of the best medical theories and practices have been the result of dispassionate discussions, often carried on for a long time, by men who gloried only in having contributed in some degree to the amelioration of the physical well being of their fellowmen. The world would be much benefited if we had more disputants of this kind. Prejudice never blinds such men. But medical controversies have too often, particularly of late, taken the place of medical discussion. The medical controvertist is not a dispassionate seeker after truth, but sets up his opinion as the standard by which to judge whether his colleagues are right or wrong in their views and practices, and boldly claims that all others must conform to that standard under the penalty of being ranked as knaves or fools. If he meets with a colleague who differs with him in opinion, but is of a similar disposition, then occurs a war of words which too often descends to personalities, and if the controversy assumes more extensive dimensions, the wordy war exceeds sometimes that of the famed Dames des Halles of Paris, or the notorious inhabitants of England's Billingsgate, only differing from it in being carried on in better English. Such contro-

versies are far from advancing the true cause of science or of benefiting the advancement of the healing art.

Medicine is not like surgery, capable of becoming an exact science. The diseases which we have to cure are not like the injuries to be repaired by surgery, overt. Until we have to treat transparent instead of opaque bodies, we cannot determine with *mathematical* certainty the course and operation of disease, or the *modus operandi* of our remedies, but must be guided in judging of both, by symptoms as varied as are the systems and surroundings of the individuals under treatment.

Hence, great liberality ought to characterize our criticism and judgment of the mode of administering medicine pursued by different individuals and schools in the medical profession, and credit ought to be given to all educated physicians of fair professional standing, that they are sincere in the course pursued by them, and that they can only be won over to other views by arguments convincing to their understanding.

It is true, we as homœopaths, may congratulate ourselves that we need not be wholly empiric, but have a law, which by argument based upon facts, has satisfied us that it is a sure guide at least in the *selection* of our remedies.

But thus far no law has been discovered which teaches us what quantity or potency should be administered. We must, therefore, for the present, as individuals, agree to dis-

agree on that subject, and try to learn from the researches and experience of our colleagues, what each found best in his practice; and thus collect material which some superior mind may at a future period build up into system, which may lead to the discovery of a law, as reliable as that of "*Similia Similibus Curantur*."

---

The American Institute of Homœopathy meets on the 24th of June at Lake George. We trust men of all shades of opinion will put in an appearance, and, more especially, men of enlarged views, free from narrow-mindedness, who will endeavor by their calm counsel to keep in check the turbulence which threatens to mar the discussion of the important subjects that will be discussed by that body.

Such gatherings are always beneficial to the profession and the individual. It brings men face to face, who would otherwise know one another only through their writings and correspondence. A friendly personal intercourse helps us very materially to shake off prejudices involuntarily engendered in the solitude of our study and communion with ourselves only.

We hope to hear of and probably manage to see a large gathering of the followers of Hahnemann's teaching on the border of the beautiful lake, all gathered together in the spirit of the master, with liberal minds, to seek to learn only how we can best benefit mankind, and to pur-



sue this search as brethren in the spirit of Divine charity.

Mr. L. Reich deserves the thanks of the profession for importing and introducing the Tokay Ausbruch, a Hungarian wine peculiarly well adapted as a stimulant, when such is needed for the convalescent or the invalid. The grape from which this wine is made, contains a large percentage of Phosphor. and the process by which it is made into wine is such that it is not lost in the beverage.

#### CORRESPONDENCE.

Correspondents to whom we return thanks:

C. P. Hart, M. D., W. M. Butler, M. D., T. C. Hunter, M. D., W. McFarland, M. D., W. P. Armstrong, M. D., Irving S. Hall, M. D., T. M. Triplett, M. D., H. B. Clark, M. D., F. R. Schumucker, M. D., E. S. Donaldson, M. D.

Wm. Wright, M. D.—We are in perfect accord with your sentiments.

M. H. Waters, M. D.—We know of but one similar case reported, such a condition is possible, but not probable.

H. C. Allen, M. D.—We anticipate with pleasure your call.

#### THERAPEUTIC NOTES AND SELECTIONS.

##### TEST FOR UREA.

Prof. Schiff gives (*Bericht. d. Deutschen Chem.*) following test for urea: While most

aldehydes enter into combination with urea in watery or alcoholic solution, surfurol acts differently, remaining unchanged. But with nitrate of urea surfurol forms a deep violet color, which gradually darkens from the formation of a black substance.

#### CHLORAL AS AN ANTIDOTE.

Prof. Huseman, of Gottingen, in *Archiv für Experim. Pathologie*, writes as follows: Chloral hydrate is known to act as an antidote to strychnine, lessening the spasm, and even preventing death. It has a similar action in the case of the mixture of strychnine bases sold under the name of Brucin, and also against the opium alkaloid Thebaia, which simultaneously tetanizes and lessens sensibility. The spasms produced by Chloride of Ammonium diminish under the employment of non-fatal doses of Chloral Hydrate, and can indeed be completely stopped. Nevertheless death occurs, probably from the paralyzing effect of both substances on the respiratory centre. The antidotal effect of Chloral on the action of the poisons which cause convulsions by their action on the brain is not the same for all these substances. The quantity of the poison which can be counteracted by the antidote appears to be considerably greater in the case of Picrotoxin than in the case of Codeia. Of the latter, the fatal dose, and even a quantity half as much greater, can be rendered harmless, but twice the fatal dose cannot be counteracted. Calabarin is counteracted by Chloral Hydrate in about the same degree as Codeia. The symptoms produced in rabbits by poisoning with Baryta are not materially altered by the action of Chloral, which does not appear to prolong life. So, also, with Carbolic Acid; the spasms produced by it are not arrested by Chloral, and the minimum dose fatal to rabbits still produces death. The combination of a fatal dose of Carbolic Acid with a non-fatal dose of Chloral Hydrate causes in rabbits a remarkable fall of temperature, which is not produced by the action of these alone. As a rule, when Chloral antagonizes the action of these cerebral poisons, the respiration sinks in frequency much more than in the case of the analogous action of Chloral on the tetanizing poison. The depression of temperature caused by the Chloral is almost independent of any peripheral loss of heat. The elevation of temperature due to division of the spinal cord is hindered by Chloral Hydrate. The depressing action of Thebaia and Codeia on the cerebrum, which is distinctly perceptible in many animals in addi-

tion to their action in causing spasm, is the chief effect recognizable in man. On the one hand, Thebaïa has a distinct action in lessening pain; and on the other, in human poisonings with this Opium Alkaloid, Chloral Hydrate is of little use, and in the case of poisoning by Codeia, on account of the collapse which is produced, it is positively injurious.

---

**INTRAPARIETED HERNIA COMPLICATED WITH INTERNAL STRANGULATION; TAXIS; KELOTOMY; RECOVERY.**

(*L'Union Méd.*) Patient had had a hernia on the left side, about a finger-breadth above the internal inguinal ring, for about eight years. On January 11, 1878, he developed all the symptoms of strangulation of the hernia. On the 13th, the small tumor was reduced with ease under chloroform, and gurgled as it disappeared. Relief was experienced for some hours, but similar symptoms again developed themselves on the 14th. In the evening, kelotomy was performed, and a small sac found between the walls of the abdomen; no strangulation. The neck of this sac was then slit up, and the fingers "were introduced into a large cavity full of coils of congested intestine." On careful search with the finger far back in the pelvis, the opening of this was discovered, and divided with the greatest difficulty. We had before us an intra-parietal (? inter) hernia, not strangulated, behind which there was a second intra-abdominal (? sub-peritoneal) sac of great size, and with a very narrow neck, the true cause of the strangulation.

So great was the difficulty of finding this inner constriction, and danger of dividing it, that the operator advocates in similar cases opening the abdomen by an incision, as in ovariectomy, in the middle line, instead of through the first sac, and thence looking for the constriction in the peritoneal lining of the abdomen. This has been done in an analogous case by M. Terrier (*Bull. de la Soc. de Chir.*, t. iv. p. 361, 1878), when no difficulty was experienced in finding or dividing the constriction. In the case before us the patient recovered.

---

**DEATH FOLLOWING VAGINAL INJECTION OF ACETATE OF LEAD.**

The following case, by Dr. Spath in the *Centralblatt für Gynäkologie*, tends to prove that, in making injections into the vagina, the fluid may pass through the Fallopian tubes into the abdominal cavity. The patient,

a healthy woman, aged twenty-two, married, had been confined ten weeks previously, was ordered to daily inject into the vagina a weak solution of acetate of lead, in order to cure her of leucorrhœa. On the eleventh day, the patient, being in a hurry, probably used too much force in injecting. She suddenly felt a violent pain in the lower part of the abdomen, and fainted. When Dr. Spath was summoned, he found her face livid, and wearing an anxious expression; her pulse small and frequent. The abdomen was very tender on pressure, although not inflated. A violent attack of peritonitis followed, and the patient died at the end of seventy-four hours. No injury to the uterus or vagina had been detected by the author at his first visit. The *post-mortem* examination gave the following results: The intestines very much distended. The mucous membrane of the small intestine red, especially in the portions situated in the vicinity of the uterus and the broad ligaments. On the surface of the mucous coat of the small intestine, up to a level with the navel, and through the whole of the hypogastrium, were disseminated irregular round flat patches of a grayish colour, which could easily be removed, and beneath which the membrane was entirely normal. Similar patches were also found on the interior of the uterus, which did not present any alterations; neither did the vagina nor the rectum. The Fallopian tubes were very narrow, and did not present any sediment; while the broad ligaments in the neighbourhood of the fimbria, and the peritoneal surface of both ovaries, were covered with numerous black flakes of various sizes. This sediment, on being chemically examined, was found to consist of sulphide of lead. The author tries to explain this fatal accident through the tube of the injecting apparatus having, by some accident, entered the os uteri, so that the fluid was thrown into the uterine cavity; thence through the Fallopian tubes into the abdominal cavity, thereby producing the inflammation.

---

**PNEUMONIA AND DIPHTHERIC TONSILITIS.**

H. W. Bragie, M. D., of Bristol, Ind., reports a number of cases of above-mentioned diseases. The former are successfully controlled by Aconite 30, Bryonia 30 and Rhus Tox. 200, and cures of the diphtheric disturbances, many of which are so severe as to assume malignant type, are most rapidly effected by Merc. Cyan. 3, Causticum 30, Iodum 30, Bell. 30.

### ERUPTIONS CONNECTED WITH MENSTRUATION.

Dr. SCHRAMM, *Berliner Klinische Wochenschrift* gives following observations: An unmarried lady, aged 36, of anæmic appearance, had suffered for seven years from dysmenorrhœa, which she had contracted from a severe chill. Simultaneously, the dorsal surfaces of both hands were covered with disseminated brownish nodules, of the size of a lentil, which disappeared in the course of a week, but reappeared at the next menstruation on other places of the dorsal surface. Later on, similar nodules developed on the neck and the labia, accompanied by slight itching; sometimes a few pinkish irregular infiltrations would break out behind the ears; a few little spots, which soon developed into blisters, were disseminated on the tongue. These eruptions were complicated with a circumscribed painful swelling of the orifice of the urethra, which greatly impeded micturition. The eruptions and papules on the neck and labia always lasted for a few months, while the other nodules generally disappeared within a week. On vaginal examination, it was found that the patient suffered from ante-flexion of uterus, complicated with catarrh of the uterus and the vagina. These affections were treated methodically, and the patient ceased to suffer from dysmenorrhœa and from the eruption.

### TÆNIÆ SOLITUS.

Dr. Marynowsky prescribed Acid Salic. O. 5. Four doses in course of an hour, followed by Ol. Ricinus Communis in a case where patient suffered for the last nine years with tape-worm. A half an hour after taking the Oil, patient expelled without pain a tape-worm, ten yards long, with head.

### BOOKS AND PAMPHLETS.

REST AND PAIN—A course of lectures on the influence of mechanical and physiological rest in the treatment of accidents and surgical diseases, and the diagnostic value of pain. Delivered at the Royal College of Surgeons of England. By JOHN HILTON, F. R. S., F. R. C. S. Edited by W. H.

A. Jacobsen, F. R. C. S. William Wood & Co., 1879.

This is the first volume of "Wood's Library of Standard Medical Authors." Most of the profession are familiar with the project which consists in the issuing of twelve volumes by standard medical authors for twelve dollars in advance, or about one-fourth their real value. It is the intention of the publishers to issue one volume each month, that the series may be completed in one year. The volume is well bound in cloth, the print extremely good, and, in our opinion, it cannot but succeed. The introductory lecture treats of "Rest, the Chief Natural Therapeutic," and the important observance of it in certain conditions, even for the health action of organs. The following lectures embrace much of the physiology of the nervous system. Function of the cerebro-spinal fluid in the foetal brain, is ably discussed. Diagnostic value of pain is clearly demonstrated in the lecture, upon knowledge of the accurate distribution of the various nerves leading to a diagnosis of the distant diseases of organs, and causing sympathetic pain in those parts.

The lecture upon Hip Disease and the cases illustrative of the benefit rest could hardly fail to interest the physician, whether he be specially interested in surgery or not; but to the surgeon the work will be invaluable, as most of the injuries, diseases of the joints, etc., are illustrated clinically.

A. T. H.



POTT'S DISEASE. ITS PATHOLOGY AND MECHANICAL TREATMENT. By NEWTON M. SHAFFER, M. D. Publishers: C. P. Putnam & Sons, New York.

HEALTH PRIMERS, NOS. 1, 2, 3 AND 4. EXERCISE AND TRAINING. THE HOUSE, ALCOHOL AND PREMATURE DEATH. Publishers: D. Appleton & Co., New York.

A WOMAN'S THOUGHTS ABOUT MEN. By MRS. HUGH L. BRINKLY. Publishers: Derby Brothers, New York.

DISEASES OF WOMEN. R. LUDLAM, M. D. Fourth edition.

DISEASES OF INFANTS AND CHILDREN. Vol. I. T. C. DUNCAN, M. D.

AN ILLUSTRATED REPERTORY. By ROLLIN R. GREGG, M. D.

DISEASES OF CHILDREN. By EDWARD ELLIS, M. D.

Neither time nor space permits us, this month, to give a complete list of books and pamphlets received, or to give a review of the books. We shall make amends in our next number.

## YELLOW FEVER REPORT.

The report, showing the work done by this body during the late epidemic, has been received and examined.

The total number of yellow fever cases treated homœopathically under the auspices of this association was 640; of this number 3184 were within the city limits, and 2456 were in towns, villages and hamlets in adjacent fever districts, mainly in Mississippi.

Of these 3184 cases treated in the

city, 164 died, a mortality of 5.2 per centum. Of the 2456 treated in outlying points, 174 died, a mortality of 6 per centum. 2953 were under fifteen years of age, the loss was 124, a mortality of 4.2 per centum. Examining more into details, it is found that 231 cases of black vomit were treated by the physicians and laymen of the association, of which cases 173 recovered.

The receipts, besides donations of food and clothing, were \$12,278.16. The disbursements \$2388 to physicians, \$2322 to nurses, \$1066.15 to charities, \$1103.50 to carriage hire, and the remainder to the purchase of medicines, clothing, food, and to the defraying of office, burial and other expenses.

Reports from Drs. Richard Angell, Walter Bailey, Sr., James G. Belden, S. M. Angell, A. B. de Villeneuve, Walter Bailey, Jr., Jame Die, Chas. J. Lopez, James R. Jones and W. M. Deason, are followed by two elaborate papers from the pen of Dr. Walter Bailey, Sr., upon the theory of yellow fever poison and upon quarantine.

By the papers of Drs. Bailey, Belden, De Villeneuve and others, the germ theory seems to be entirely rejected, these physicians expressing the unanimous opinion that yellow fever has its origin from special atmospheric conditions, combined with and augmented by local causes, said causes being miasms arising from impurities of the soil and lack of proper hygienic precautions.

They continue and state that while the yellow fever is indigenous to our city and is always possible in sporadic form when such special atmospheric conditions exists, but it does not and cannot become virulent and epidemic unless such hygienic condition of the city is especially neglected and bad ; that while yellow fever may be and doubtless often is imported, yet it can and does originate here, and hence any quarantine, other than of a limited character, is not only useless but an unnecessary bar to the commercial life and prosperity of this city.

#### ITEMS OF INTEREST.

The alterations made in this journal will not interfere with the binding of complete volumes when desired.

An elaborately prepared index of vol. IV of the American Homœopath will be included in the July issue of the Journal.

The announcement of a "*Homœopathic Journal of Obstetrics and Diseases of Women and Children*" edited by Dr. Henry Minton, will be found elsewhere. The publication marks a new era in the great science and Homœopathic Journalism.

At this season of the year a great essential of health is proper diet and especially is the important with children. Ridge's food has received the merited endorsement of the medical profession and whenever nourishment is required will be found an indispensable adjunct.

Probably no medicinal preparation of recent introduction has attained so remarkable and instantaneous a success as Phillips' Cod Liver Oil in combination with Phospho-Nutritine. We append illustrative case:

Patient was a mechanic, aged sixty, always lived an active life; now exhibits signs of pulmonary phthisis; had cough, expectorations, and was much reduced strength; given Phillips' Oil; result in weeks some increase in weight and marked improvement in appearance and strength which continued till able to resume daily occupation.

DOCTOR ROOSA, in an address before the society over which he presides, on "The Relations of the Medical Profession to the State," said "While we may not ask the state to close medical schools, we may expect that it will protect its citizens from well-defined quackery. It certainly cannot discriminate in regard to modes of treatment when there is always be such honest difference of opinion."

The state cannot catalogue the drugs that may be used, or name the doses, but it is the benighted duty of a government that cares for the welfare of its inhabitants to see to it that no one is allowed to prescribe for disease who has not furnished evidence of the satisfactory knowledge of anatomy, physiology and chemistry." Here the doctor very distinctly, and with a courtesy which it would be well for his profession everywhere to imitate, makes room for homœopathy, a system pursued by many scientific, moral, and intelligent men all over the country. It has been quite too commonly the custom in medical bodies of the old school to treat this system as one of impudent, if not immoral quackery and to arrogate to themselves the function of "regular" practice. The attitude of the "regular practice" toward homœopathy has been generally absurdly arrogant and childish, and so happens that it has been the educated and the intelligent rather than the ignorant and stupid who have given in their adhesion to the new system, and its practitioners have largely been recruited from the ranks of the old practice. The day is gone by when it was possible to whistle and hoot this system down, or to frown it down by assumed medical authority. It has won its right to live, its right to respectful recognition. It has done this at least by the power it has shown to modify and reform the old practice, and at a high time that intelligent physicians everywhere should follow Doctor Roosa's example in withdrawing or withholding the challenge against it of being a system of quackery. *Scribner's Monthly.*

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# Saccharated Chloro-Pepsine,

The Best Remedy for NAUSEA AND VOMITING IN ALL FORMS.

**Especially of PREGNANCY, INDIGESTION AND DYSPEPSIA, ALL FORMS OF GASTRIC DERANGEMENT, ATONIC DIARRHŒA, INDIGESTION, DIARRHŒA OF CHILDREN, Etc., Etc.**

**Vomiting in General** is a reflex act due to an irritation, either *within* the stomach—whether the irritant be introduced as such, or the irritation proceeds from over-distension of the organ or fermentation, decomposition of food—or *without* the stomach, the *SYMPATHETIC* variety.

**VOMITING OF PREGNANCY** is an example of the latter form.

A supply of *pure* pepsine, or any or all the gastro-intestinal digestive principles, fails to remedy the trouble. Why? Simply because this *functional derangement* of the **GASTRIC SYMPATHETIC SET OF NERVES** requires that the remedial agent shall be specially addressed to this portion of the nervous system.

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